

LORD, HELP ME: CONCERNING
MY SPIRITUALITY AND
MENTAL HEALTH

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**PROJECT PROPOSAL
ABSTRACT**

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by
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United Theological Seminary, 2021

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At Full Faith Primitive Baptist Church in Wortham, Texas, this case study research will target congregants from the community. The project theme is “LORD Help: Concerning My Spirituality and Mental Health.” The case study goal is to provide educational information on mental health awareness, identify the signs, symptoms related to mental health problems, and knowledge about ways to address them. The methodology includes questionnaires, educational instruction, and one on one interviews. From the results of the project, participants are now well informed on mental health awareness, clinical signs, symptoms, and they have the ability to address mental health challenges.

ACKNOWLEDGEMENTS

This spirituality and mental health project was developed throughout my college career, starting at Tyler Junior College as a student-athlete. I earned my Associate of Arts degree in Health and Kinesiology in 2003. I transferred over to Baylor University, where I earned my Bachelor of Applied Science degree in 2007. The year 2007 was when I experienced more server mental health challenges than in previous years. I recall that the churches I attended were not prepared or equipped to assist me. My mother, Sharon Elaine Henry, addressed this acknowledgment and consistently prayed, counseled, and provided words of encouragement and unconditional love during my mental health challenges. My mother's unconditional love given to my sister Pamela and myself throughout my entire life inspired me to develop this mental health research project for the local churches and the community members in Wortham, Texas. I attended George W. Truett Theological Seminary at Baylor University in Waco, Texas. During my tenure, I was blessed to obtain a Master of Theological Studies in 2010 and a Master of Arts in Christian Ministry in 2013 while attending Truett Seminary, implementing mental health ministry to help others weighted upon my shoulders. I was accepted into the United Theological Seminary, Dayton, Ohio, Doctor of Ministry in the Prophetic Preaching and Praxis cohort starting with Mentors Dr. Robert Walker, Dr. Kenneth Cummings, Dr. Brenda Braam, and Faculty Consultant, Dr. Al Kennon. These mentors have provided me with professional mentorship while demonstrating how they care about each student's

intellectual and professional development while being in the doctor of ministry program and peer associates. This program is where the reality for a mental health program came into a research reality. All three church communities where I serve as a pastor, starting with Full Faith Primitive Baptist Church, Rocky-Branch Primitive Baptist Church, and Union Primitive Baptist Church, are well informed and educated through research this project provides on mental health, and the community are prepared to assist individuals with a mental health crisis. Thank you for your prayers, encouraging words, and support for allowing me to serve your church community. I would like to offer a debt of gratitude to my Professional Associates, Rev. Dr. Faith Cole, Dr. Brenda Wall, Licensed Psychologist, Rev. Dr. Robert Ford, and Bishop Dr. Lenten Stevens. I especially would like to thank Deacon David Busby, Leola Busby, Willie Mae Hall Thomas, Elder M. Vernon Busby, Sr., Elder C. C. Crutchfield, Kay Riddering (Baylor University), and Diane Crutchfield. Finally, I would like to acknowledge my family starting with my daughter Aubree, niece Jondalyn, nephew Jacorey, sister Pamela, special mentors Deacon Gene Rhodes, Deacon Arthur Lee Busby, Sr., Deacon Kenneth Busby, Deacon Leroy Johnson, Leslie P. Brooks, Vickie Brooks, Kambreshia Brooks, Zoleta Busby, Michael Busby Sr., Busby Family, Henry Family, and friend Brandon Chambers. All of these individuals have inspired me to create this mental health project, and I thank each of them for their prayers, encouraging words, and support throughout the process of this entire project.

DEDICATION

The doctor of ministry project is titled “LORD Help Me: Concerning My Spirituality and Mental Health” at United Theological Seminary, Dayton, Ohio. I, Pastor Jermany Jamal Henry from Wortham, Texas. From the totality of my soul, heart, mind, and life, I would like to dedicate this project, “LORD Help Me: Concerning My Spirituality and Mental Health,” to the “King of kings, Lord of lords,” (Revelation 19:16 NRSV), the triumphant Lord and Savior of the world, the Lord Jesus Christ. The Lord Jesus Christ has sacrificed his life, and he is continuously sharing his unconditional love, grace, peace, restoration, and healing to all humankind in our global world. The Lord Jesus Christ, who is my personal Lord and Savior, has given His life for all creation of humankind because He loves and welcomes all humanity from all walks of life into the fellowship of relationship with Him in His Eternal Kingdom. The Lord Jesus Christ has always been present with me before my birth up until this present day by nurturing, saving, healing, and restoring me within my own life. The Lord Jesus Christ has divinely instructed me to write this research project on mental health simply because He wants the international global society to know that through his divine power, he can intervene and is willing to heal every person regardless of their circumstances or challenges concerning mental health or any other condition. So, irrespective of our background area that each person is from and the current experiences in life, the Lord Jesus Christ unconditional loves us. He is more than willing to heal all humankind in every way.

ABBREVIATIONS

AD	Anno Domini
FFPBC	Full Faith Primitive Baptist Church
TJC	Tyler Junior College
MU	McDonald's University
NAMI	National Alliance on Mental Health
NRSV	New Revised Standard Version
PTSD	Post Traumatic Stress Syndrome

“In the name of Jesus, I command you to be healed, be delivered, and be set free.”

—Former Presiding Bishop Gilbert Earl Patterson

INTRODUCTION

The modern-day mental health issues and their medical scientific discoveries are evolutionary. This imperative project is “LORD Help Me: Concerning My Spirituality and Mental Health” in Wortham, Texas. In this specific context, I serve as the senior pastor. And as a pastor, I have observed the rural community, which necessitates an academic research mental health awareness training program. The question we should ask ourselves is, how severe of an issue is a mental health crisis, particularly mental anxiety, grief, depression, and suicidal thoughts occurring within the lives of the American people and our global international communities? So, why do we need a mental health awareness training program in our communities? We would like to provide three separate mental health crisis that has negatively affected Americans and our international communities at large.

We will begin with a quadruple homicide that occurred in a town called Mt. Pleasant, South Carolina. At the age of twenty-three, a young adult man had schizophrenia. However, before the homicide, the individual was not receiving professional mental assistance or prescription medical treatment for his schizophrenia symptoms. As a result, of not receiving medical treatment, the young adult man killed four of his family members.

In terms of criminalization, according to the ABC4 News report, “Man found not guilty because of insanity for deaths of Mt. Pleasant family members.”¹ A second entity with mental health crises was on the University of North Carolina campus, where college students were committing suicide on its campus. As a community response, according to the Washington Post, Chancellor Kevin M. Guskiewicz stated, “We are in the middle of a mental health crisis, both on our campus and across our nation, and we are aware that college-aged students carry an increased risk of suicide,”² Finally, a third entity that has caused negative mental health implications from the impact that affected all Americans and our global international communities across the world was from a medical pandemic disease called the Coronavirus also known as Covid-19 endemic, and its sub-virus called the Delta-Variant.

As we briefly observe all three of these mental health implications, the commonality of these entities was, they all shared was mental anxiety, depression, and even death. From the position of a church ministry and global community, the question we should also ask ourselves, how will we respond, provide assistance, and what direction do we take addressing our modern-day mental health pandemic? This academic project called “LORD Help Me: Concerning My Spirituality and Mental Health” will take the opportunity to explore these previous questions through six chapters of exportation and discovery.

¹ Crime News, <https://abcnews4.com/news/crime-news/man-who-murdered-mt-pleasant-family-members-found-not-guilty-by-reason-of-insanity>.

² Washington Post, <https://www.washingtonpost.com/education/2021/10/12/unc-mental-health-cancel/>.

Chapter one, Synergy, discusses three areas concerning my spiritual autobiography, Christ calling into ministry, the context where I serve as pastor in Wortham, Texas, and the integration of these areas that made itself known within my synergy. First, my Ministry Focus is where my passion for mental health ministry training began for the church and community.

Chapter two, Biblical Foundation, 1 Peter 5:6-11 is a substantiation foundational text I chose to underpin and sustain this hypothesis. This passage of text identifies and addresses mental health challenges among all humankind. This specific text manifests the voice of Lord Jesus Christ on mental health challenges. It provides the church community and humankind a sense of direction to turn towards for assistance when wrestling with our mental health challenges.

Chapter three, Historical Foundation, in this historical section, I will observe an iconic Christian historical figure and pioneer by the name of John Wesley and his perspectives on spirituality and mental health. I will explore how in this section, John Wesley's historical point of view provides this project and the modern church community a foundational base for understanding spirituality and mental health.

Chapter four, Theological Foundations, examines and explores four theological disciplinarians, primarily with practical theology, pastoral theology, and pneumatology, concluding with ecclesiology. This exposition will study how these four disciplines provide a theological foundation that supports mental health crises in both contextualization of the religious-spiritual community and the general public.

Chapter five, Interdisciplinary Foundation, researches the pedagogy, scientific theory, and theoretical teachings on mental health and how the psychological behavioral theory integrates into the project called “LORD Help Me: Concerning My Spirituality and Mental Health.” The theoretical discipline addresses the needful academic training on mental health crises within the church community and humankind.

Chapter six, Project Analysis, will illuminate and engage in various areas. First, it will highlight and support the hypothesis. Second, it informs the methodology applied in this project within the following areas: educational seminars, semi-structured interviews, observations, and a collection of pre/post-test documentation. Third, it comments on the selected individual stakeholders who were influential in the growth of this project. Fourth, it informs the project implementation by referencing the data collection and analysis through a narrative case study. Fifth, it reconceptualizes my learning during the implementation of this project. Sixth, mental health awareness training equips the church community and humankind. They provide accommodations to individuals with mental health challenges. Seven provides a victory celebration in the Lord Jesus Christ.

CHAPTER ONE

MINISTRY FOCUS

Introduction

The primary objective and reasons for writing this Chapter One, Ministry Focus paper merely are that we are interested in providing a thorough research project on spirituality and mental health in our ministry context. These two have a significant impact on the livelihood of each person within our community. In our research project, we hope to answer some simple questions concerning spirituality and mental health; and how spirituality and mental health impact people's daily livelihood within our community.

In this doctor of ministry project, we want to answer some commonly asked questions on mental health that other individuals and ourselves may have about mental health. We hope to further expound on modern medicine, scientific research and discover possible reasons for mental health illness. While at the same time, we will attempt to provide some practical research solutions that will assist individuals with mental health illnesses.

As church practitioners, we will also observe how to create, connect, and build a positive relationship between our church community and local mental health social services. As our relationship with social services evolves, we will strive to have a balanced conversation on mental health and how partners address mental health illnesses within our community. As partners with our social services, we will also identify local

mental health resources available to individuals within the community. As a team, we will educate our community about the severity of mental health and why society should not stigmatize the conversation on mental health. We will address the proper response for when individuals are experiencing a mental health illness the adequate steps to take when trying to assist. Finally, we will explore the educational messages communicating spiritual and mental health within our ministry context.

In our context, there is a need for a present ministry to bring awareness and provide research solutions relating to spirituality and mental health. The theme for this doctoral project is titled: “LORD, Help Me: Concerning My Spirituality and Mental Health.” This theme is based upon our observation of the community’s needs that we identified from our ministry context. Since our church’s existence, historically, there has never been a community conversation on mental health in our ministry context. Neither has there been the implementation of a mental health program within the community.

Context

The context and primary location in which this doctoral ministry project will occur would be at Full Faith Primitive Baptist Church (FFPBC) in Wortham, Texas. Full Faith Primitive Baptist Church is a well-respected church within our community. However, throughout the historicity of FFPBC and its current existence, FFPBC has never had a community conversation, ministry program, or educational workshop on mental health. But why does FFPBC need a mental health program within its ministry context? What are the benefits to the church?

FFPBC needs a mental health program within its ministry context simply because citizens attend weekly religious or spiritual services of worship in our modern-day global society. They may know someone, or they are experiencing or suffering from mental health-related issues. These same individuals are searching for biblical, theological, spiritual, and researched answers on mental health.

The church also needs a mental health program within its ministry context to be ministerial relevant and academically informed on mental health issues. We hope to prove how mental health illnesses are non-discriminatory against race, culture, gender, ethnicity, education level, socio-economic status, and religious or spiritual preference. In our project, we will share with the church community how mental health can affect all humanity within and outside of the church community. And why the church must tear down the wall of their community stigma and have healthy public conversations on mental health.

The church has not been informed about mental health issues regarding the communicational signs and symptoms individuals express as they are experiencing mental problems. In addition, the church does not have a responsive plan of action as to how it will facilitate individuals who are experiencing a mental health crisis within a congregation setting. And provide these same persons with professional ministry assistance and direct individuals to experienced medical practitioners.

In this doctoral ministry project, we highly value FFPBC, and we embrace the ministry and the hard work it has done for our community until this present day. So, what is the benefit to FFPBC for having and implementing a mental health program into its ministry context? There are numerous health benefits to the church and members of its

congregation. We are not encouraging to preach psychology, no, but rather the benefit of having a mental health program so that congregants hear from GOD and the Word of God concerning their mental health. The Lord Jesus is a healer for our soul, body, and mind.

In our doctoral ministry project that will take place at FFPBC, in our project, we want to be inclusive of all age groups and all humanity. So, during after-business hours we will invite some college students from McDonald's University (MU) to participate in our research project. We are including college students in our doctoral ministry project because we want a balanced perspective on mental health issues while educating our entire community of adults about mental health.

At MU, we will be glossing over the college faculty and reflecting more specifically on student body populations. MU is located in a small rural town within the state of Texas. At MU, the university is provided with state-certified counselors who then provide general social services to students, although these counselors at MU offer social service benefits to students. There is still a much-needed present active ministry that can provide spiritual and mental health services to these individuals on campus.

Some of the faculty and staff members at MU abandon a spiritual life, while others embrace a spiritual life. The faculty and staff members often experience stress, anxiety, and sometimes depression due to several factors accumulated throughout their lives or present experiences. For example, these adults experience spiritual and mental pressures all the time.

They are a spouse, parent, caregiver, and professional educators who are expected to have their students perform at the standard academic level of the state in Texas. The

income level of faculty and staff members can also cause an extra amount of stress for each person. The faculty and staff members at MU need a ministry with a voice that can identify with them and provide professional ministry care.

As a strength to MU and its counselors, they provide their students with social service agencies contact information by connecting the community to assistants on specific social needs. These agencies are within a fifty-mile radius of traveling distance from the MU. However, as a weakness, students at MU do not have a present but instead need a day-to-day ministry on campus that is spiritually and scholarly equipped. This will address the daily spiritual life or everyday stress, anxiety, and depression within each student's life.

The modern student today, both internally and externally, is facing and wrestling with spiritual life (if present) or psychosomatic illness such as stress, anxiety, or depression that can become attributed to a range of problems. An example would be when the parental structure for some students might have to deal with issues of dysfunction from their home life. The familial form, meaning for some students live in a two-parent home, and within the house, there is a constant conflict between the parents. While for other students, some are being raised in a single-parent household with the other parent's absence.

These college students are sometimes first-generation college students who never had any family members attend or graduate from a college or university, so the experience for these same college students can be psychologically and emotionally disturbing. In terms of family dynamics, some college students are derived from a single-parent home and are requested by a parent to assist with the monitoring, raising, or even

providing some child care for their siblings. Also, the income level within a college student's home can significantly impact a student's spiritual life and mental health. Simply because of the lack of financial stability and resources to support the college student is often used to support and sustain the family in life. When a family or college student does not have economic capital within their home as an asset, the students cannot purchase educational resources such as books, supplies, dormitory living quarters, and a simple warm meal from the college cafeteria.

The college students then suffer physiologically from hunger, and they cannot concentrate adequately psychologically on their academic courses. When a student has poor mental concentration, they do not perform well academically. In addition, within each college student's family's economic background, the parental occupational career level varies in the parents' ability to qualify for higher-paying jobs. And some of these parents are not able to provide financial assistance for their college students. Finally, in the twenty-first century, there is another group called the college student single-parent. Single-parent college students are individuals who pursue a college degree in higher education as single parents. These same single-parent individuals are burdened and are struggling mentally, physically, financially, and resourcefully from the lack of family and community support to undergird them during their college careers. As a result, the lack of assistance, resources can cause internal stress that will increase the mental anxiety levels of college students.

Although internally, both the modern college students are constantly dealing with emotional, mental, and physiological changes daily. At MU, college students are still dealing with a vast amount of pressure from academic studies, examination anxiety,

social acceptance, collegiate athletic performance, bullying in all its forms, terroristic threats, fear of campus shootings, or demands from expected performance in extra-curricular activities. Therefore, college students at MU need someone or an individual group who will actively demonstrate that we spiritually love and care for them.

Students living in a single-parent home sometimes are requested by a parent to assist with the monitoring, raising, or even providing some child care for their siblings. Also, the income level within a student's home can have a simply meaningful spiritual life and mental health simply because the income is a financial resource that families must have to sustain themselves in life. When a family or student does not have economic capital within their home as an asset, the students cannot purchase a school meal from the cafeteria.

The students then suffer physiologically from hunger and cannot psychologically concentrate on their academic courses. When students have poor mental concentration, they do not perform well academically. Finally, the educational level within each house can also play a vital role in the parents not being qualified to get a specific job position. In addition, some parents cannot provide academic assistance to students with their daily homework assignments. The lack of these educational resources and factors can cause internal stress that will increase the mental anxiety levels within students.

Although internally, the modern college students are constantly dealing with emotional, mental, and physiological changes daily. At MU, college students are still dealing with a vast amount of pressure from academic studies, examination anxiety, social acceptance, bullying in all its forms, terroristic threats, fear of college shootings, or demands from expected performance in extra-curricular activities.

Students at MU need someone or an individual group who will actively demonstrate that we spiritually love and care for them. As well as were hear to positively encourage and comfort them in whatever amount of psychological or emotional stress they are currently dealing with at the time. In reflection within the lives of modern-day students, instead, a student is dealing with issues at home or MU. Both environments have a significant impact on the spiritual life and mental health of each student's daily livelihood and regular performance.

These college students are sometimes first-generation college students who never had any family members attend or graduate from a college or university, so the experience for these same college students can be psychologically and emotionally disturbing. In terms of family dynamics, some college students derived from a single-parent home and are requested by a parent to assist with the monitoring, raising, or even providing some child care for their siblings. Also, the income level within a college student's home can significantly impact a student's spiritual life and mental health. The lack of financial stability and resources to support the college student is often used to support and sustain the family in life. When a family or a college student does not have economic capital within their home as an asset, they cannot purchase educational resources such as books, supplies, dormitory living quarters, and a simple warm meal from the college cafeteria.

The college students then suffer physiologically from hunger, and they cannot concentrate adequately or psychologically on their academic courses. When students have poor mental concentration, they do not perform well academically. In addition, within each college student's family economic background, the parental occupational

career level varies regarding the parents' ability to be qualified for higher-paying jobs.

Furthermore, some parents cannot provide financial assistance for their college students.

Finally, another group called the college student-single-parent in the twenty-first century. Single-parent college students pursue a college degree in higher education as single parents. These same single-parent individuals are burdened and are struggling mentally, physically, financially, and resourcefully from the lack of family and community support to undergird them during their college careers. As a result, the lack of assistance and resources can cause internal stress, increasing mental anxiety levels.

Although internally, both the modern college students are constantly dealing with emotional, mental, and physiological changes daily. At MU, college students are still dealing with a vast amount of pressure from academic studies, examination anxiety, social acceptance, collegiate athletic performance, bullying in all its forms, terroristic threats, fear of campus shootings, and demands from expected performance in extra-curricular activities.

College students at MU need someone or an individual group who will actively demonstrate that we spiritually love and care for them. And because of these daily anxiety pressures and issues, students are consistently wrestling with at home or school. To all humanity, this is the very reason why MU must have a volunteer-free after-school doctoral ministry program on campus. The modern students at MU struggle. We, as educators, can provide our assistance to students in their spiritual relationship to the LORD and mental depression. It is worth having a ministry on campus that addresses each student's spiritual life and mental health.

Spiritually this opportunity will speak volumes to students that first, the LORD loves all humanity and cares about each student's total well-being. As well as representatives of the Lord Jesus Christ, we are here to encourage them in their relationship with Lord Jesus Christ. We will love them where they are and psychologically provide support to them on their journey of life.

Ministry Journey

The ministerial skills and experiences that I have acquired through all my academic training at Tyler Junior College, Baylor University, and George W. Truett Theological Seminary have equipped me with the professional experience to minister to the spiritual and mental health of the faculty, staff members, and the modern-day students. In addition, the vocational training in biblical scripture, theology, and family life I received from George W. Truett Theological Seminary has accommodated my ministerial skills for ministry.

In terms of comprehensively and mastering the psychology of a human mind and understanding how it function, there is room for me to grow and develop a deeper understanding of its functioning. The interest that I have for this doctoral ministry project is through the Lord Jesus Christ to reach, encourage, save a life, and ultimately save the soul of an individual. Regardless of a person's past experiences and from the walks of life or current situation, they may be facing spiritual and mental health. My aim and intent are to provide a doctoral ministry project that will address the spiritual and mental health of modern society, especially among our modern-day students.

In our modern society, individuals search for answers and solutions and understand why they are affected repetitively by spiritual and mental health. In this doctoral project, as the LORD leads me, I hope to provide some answers to questions and solutions for conditions and hopefully understand why in this entire process. Two personal experiences I endured during the college career that has informed, inspired, and motivated me to create a doctoral ministry project specified on spirituality and mental health.

My first experience with spirituality and mental health was when I experienced spiritual warfare and mental depression at Tyler Junior College in Tyler, Texas, in the years of 2001-2003. During my tenure at TJC, I was a student-athlete who enjoyed the intellectual development and academic challenges I received from the instructors and professors at TJC. Academically, I was studious in all my studies, and being studious, allowed me to grow and excel in all of my courses.

However, as a student-athlete at TJC, my athletic experience was very depressed because the head football coach treated me negatively consistently. He never saw or pointed out any excellent execution of plays I made during practice, but he always identified the bad. After training, I would ask him what I could do to improve and get better; he never responded with any suggestions. Our team played Blinn Junior College at our home stadium one Saturday afternoon.

The game score had advanced so high in our favor to win, and everyone on our team was allowed to play. I asked the head coach for his permission to get into the game, he looked at me, and his response to me was, you got to earn it. From this moment on, going forward, I knew that my athletic ability to play football was not the reason why I

was allowed to play in this game. The head football coach did not personally like me at all. During this moment, I recall that there was no present ministry on the TJC campus to assist college students like myself in dealing with spirituality and mental health issues.

Internally, I felt that I had no one to turn to for assistance concerning the head football coach's adverse treatment of me. I was experiencing spiritual oppression and mental depression at TJC. Deep inside me, I felt that I had to deal with and handle these adverse spiritual and mental health treatment issues all by myself. The adverse treatment I received from the head football coach at TJC had affected me while I attended TJC and for the remainder of my college career.

After the fall semester of 2003 at TJC was completed, my strong athletic interest and desire to play college football was a shade for life. I no longer wanted to play the sport of football or associate myself with the culture of sports. In addition, sports, particularly football, no longer felt exciting to me, and I could not tolerate or bear to watch games on television.

As I was experiencing these rejections towards sports, mentally, I could reflect on how I treated the head football coach. Sports have always been a therapeutic outlet for me to communicate and channel all my energy, emotions, and thoughts on life throughout my entire life.

When I no longer had the platform of football as an outlet, as a person, communicationally, I had to start over and learn how to communicate and channel out my energy, emotions, and thoughts through other positive gestures. I start pursuing reading, gardening, cooking, weight training, and minimal verbal expressions. These hobbies assisted me in concerning ways to express my communication.

As a student-athlete, I experienced adverse treatment, spiritual warfare, and mental depression at TJC. Yet, I would still recommend TJC to any student who is serious about their academic rigor. And I would allow my child to attend Tyler Junior College if she desires to attend. Simply because from the fall of 2004 until this present day, TJC has positively changed for the embitterment of its students, student-athletes, and the community it serves. And athletically, during my tenure, the head football coach is no longer coaching at TJC but has been relieved of his duties as a head football coach for TJC.

My second experience in dealing with spiritual warfare and mental depression occurred during my senior year at Baylor University in the spring semester of 2007. As I was preparing for graduation, I became spiritually and mentally overwhelmed, causing a nervous breakdown and stress over graduation. During this moment, spiritually, I went into spiritual warfare against Satan. In addition, my body experienced high anxiety levels and psychological depression physiologically.

From a spiritual perspective, I was in a deep dark place where my spiritual relationship with the LORD was cold. Satan would always tell me that I was no longer a child of the Lord Jesus Christ because of a few mistakes I made. He would also deceive me into believing that my spiritual relationship with the LORD was a distance apart from the LORD.

Daily, Satan was always tempting me with suicidal thoughts. He wanted me to end my life so that he would conquer my soul, and worse, I become eternally separated from the LORD. But thanks be to GOD for the LORD, His grace, soul-saving, and healing power that delivered and preserved me spiritually and mentally. The LORD

reminded me that He had never left me alone simply because He and His angels were always with me during this entire deep dark distance cold experience.

I also received prayers and encouragement from my pastor, intermediated family, and close friends. From a medical perspective, I also received medical treatment in providing assistants for my body to relax. In terms of memorization, I was in bad shape all around, meaning I was unable to recall my social security number or mailing address.

Today, I reflect on these two experiences that I experience as a collegiate athlete at TJC and a general student at Baylor University. In both of these experiences, I learned a plethora of information from my pastor, medical physicians, and my internal observation concerning spirituality and mental health. The information I learned was insightful and illuminating in both aspects of spiritual life and mental health.

In collaboration with the professional education and personal experience, I have received throughout my life in dealing with spirituality and mental health. These experiences have inspired me to create a ministry program that cares, understands, and will provide assistance and a safe place for students dealing with spiritual oppression and mental health issues.

As a former student in a combination of my college experiences with spirituality and mental health, I am more prepared to identify, understand, and relate to the life experiences of our modern-day students. Especially as students are wrestling and dealing with the spiritual oppression and pressures of mental health throughout their lives, the modern-day students at MU need individuals who will listen, be transparent, and take time to understand them holistically.

The modern students at MU are searching for people willing to invest their time, energy, and love to show they care for and about them. Having a ministry at MU that understands and is eager to work with the struggles of each student concerning their parental home life, pressure from economics, academia, spiritual relationship, and mental depression is much needed. Today's students need our help, and a doctoral ministry project that I am presenting can provide the exceptional assistance our modern-day students are lacking.

Develop the Synergy

There is a connection between my spiritual journey and the context in developing the synergy. As a former college student, I desire to minister and share my educational experiences and personal testimony concerning spirituality and mental health and provide a supporting ministry that ministers, educates, and assists with modern-day students' spiritual and mental health needs.

Through our doctoral ministry project, we intend to explore spiritual and mental health in modern-day college students and local citizens. We want to explore spirituality and mental health; First, to identify the awareness of spirituality and mental health within all humanity. And how within our society, there is a needful conversation that should be open and honest concerning spirituality and mental health?

Also, share information concerning the side effects of spirituality and mental health. Third, we intend to provide a research solution for students experiencing adverse effects of spirituality and mental health. Finally, as a pastor, identify proper positive

messages that we, as a society, should be communicating concerning spirituality and mental health.

The mental health ministry program that we will be introduced at Full Faith Primitive Baptist Church to the students is an after business-hour program that will be free of charge and open to all students. This ministry program will take place at the location of the Full Faith Primitive Baptist Church. We plan to ask a Full Faith Primitive Baptist Church member, where I volunteer to assist us.

Finally, we would ask all MU employees if anyone would be interested in volunteering for the program. All the volunteers and we would meet on Mondays after business hours at 5:00 p.m. As a team, we will discuss and share ideas that could improve the outreach and overall projective of the program. In terms of the promotion of the program, we plan to post flyers throughout the entire university, at public venues, and throughout the community.

The promotion throughout the community is that we were hoping that parents and guardians would inform their children about the program. If no students attend the meeting, we plan to create a social media account with websites such as asYouTube.Com, Facebook.Com, and Twitter.Com. We would create social media accounts on these websites because all humanity, especially the modern generation, is always actively browsing these websites. Having an electronic ministry on these social media accounts would be an excellent opportunity for the church to reach the local and international communities.

We hope to connect with existing organizations like Fellowship of Christian Athletes and George W. Truett Theological Seminary, its sports ministry chaplaincy

program to bridge the cultural gap between faith and sports. And take the opportunity to minister to coaches and student-athletes who also experience spiritual and mental health challenges would be excellent for the sports culture. Finally, as a ministry goal, we hope to reach both the general students, student-athletes, and citizens of our community.

To provide an extended word study on the term anxiety according to Johannes P. Louw and Eugene Albert Nida, in the *Greek-English Lexicon of the New Testament: Based on Semantic Domains* it stated, “μέριμνα, ης f: a feeling of apprehension or distress in view of possible danger or misfortune—‘anxiety, worry, anxious concern.’ ἡ μέριμνα πασῶν τῶν ἐκκλησιῶν ‘anxious concern for all the churches’ 2 Corinthians 11:28; πᾶσαν τὴν μέριμναν ὑμῶν ἐπιρίψαντες ἐπ’ αὐτόν ‘cast all your worry upon him’ or ‘leave all your worries with him’”¹ And finally, according to Ethelbert W. Bullinger book titled: *A Critical Lexicon and Concordance to the English and Greek New Testament*, that stated “μέριμνα, dividing or distracting the mind; then, that which does so, as care, thought, esp. anxious care, trouble,”²

The mental health ministry program will start at Full Faith Primitive Baptist Church; we will focus our ministry on the college students. If the program is successful over twelve months, in the future, we hope to share our information with other college campuses across the State of Texas. For example, each campus at MU, would offer and have the same ministry program for the students on its campus.

¹ Johannes P. Louw and Eugene Albert Nida, *Greek-English Lexicon of the New Testament: Based on Semantic Domains* (New York: United Bible Societies, 1996), 312.

² Ethelbert W. Bullinger, *A Critical Lexicon and Concordance to the English and Greek New Testament* (London: Longmans, Green, & Co., 1908), 134.

When we consider our ministerial skills and interest and their relation to serving the spiritual and mental health needs of students at MU, I intend to create and provide positive, healthy relationships with students. These healthy relationships with students will be fostered through the students' love, care, and support. As a professional, we must form a healthy, positive relationship with students so that we can make a positive impact on their lives.

As an educator from our past and recent experience in education and working with modern-day students, we have had the opportunity to learn from students that they will become positively inspired, motivated, and open to receiving a message from their educator. Furthermore, when the students know within themselves that educators care for them, they are willing to be open and listen to the educator's advice.

Suppose an educator does not take the time and opportunity to create a positive relationship with their students. In that case, students themselves will not have meaningful and respectful relationships with the educator. Likewise, when the educator and student are in social and relational conflict that eliminates a ministry opportunity for both persons, there will not be a meaningful relationship with the educator.

Throughout the entire Holy Scriptures of the Bible, the LORD, GOD, has communicated so much on the topic of relationships and their importance. The LORD perfectly demonstrated His ultimate love and desire to have a relationship with all humanity. When He sent His only son, Jesus Christ is to die for our sins upon Calvary cross. Secondly, we also planned to share this same type of love, care, and empathy that the LORD has expressed to all humanity within our global society.

Thirdly, we will be designing spirituality and mentally reflecting upon and abstracting from scripture resources to accommodate me in creating these positive relationships with students. The ministerial skills and interests that we acquire can serve the community of MU and its students. As an afterschool program that provides spiritual care and positive encouragement in mental health among all students.

In this doctoral project, we plan to offer and share research information that will help an individual identify when they are experiencing adverse effects on spirituality and mental health. Finally, our goal in this doctoral project is to provide resourceful solutions that will communicate positive messages about spirituality and mental health. And answer the question as to why we as a society have mental health experiences of illness that can be temporary or chronic?

The general nature of this doctoral project and the content of this proposed project are to bring exposure to a needful conversation among all humanity concerning the topic of spirituality and mental health. This project will also provide research solutions to students struggling in certain areas and needing assistance with their spiritual and mental health in this doctoral ministry project. Our goal is to deepen our spirituality as we rationally connect with, illuminate the soul and mind of the modern-day student and citizens from our community. As we ultimately bring transformation to the lives of all humanity.

Conclusion

This doctoral ministry project's general nature and content provide a mental health program that ministers to students and citizens of the Full Faith Primitive Baptist Church

community. In this research project, the participants will identify the essential importance of spirituality in terms of Christian discipleship. And how each person of faith needs their spiritual relationship with the Lord Jesus Christ in all fascist life, especially during a mental health crisis.

The Lord Jesus Christ is more than willing to help and heal all humanity as He sends trained individuals to our aid when facing a mental health illness. Therefore, the theme of this doctoral ministry project is titled: LORD, Help Me: Concerning My Spirituality and Mental Health. We hope that this doctoral ministry project has a positive spiritual and academic influence on our community.

We pray that this mental health project brings awareness and encourages community discussions among all humanity. Finally, but most importantly, if our mental health project can save the life of one single person within our global society, then our goal is completed. We hope that FFPBC will open its doors for future mental health programs such as this ministry project. So as a society, we could reach and inspire a multitude of people within and outside of the church community who are wrestling with their spirituality and but more so, their mental health illness.

CHAPTER TWO

BIBLICAL FOUNDATIONS

Introduction

In this biblical foundation paper, the author will be homiletically and hermeneutically investigating the biblical passage of scripture 1 Peter 5:6-11. My hope and intention throughout this biblical investigation are to examine the biblical passage of 1 Peter 5:6-11 carefully. Our research will first observe the parameters of the book of 1 Peter, such as literary elements, which are inclusive of the author, date, audience, environmental circumstances, and the major themes that occur throughout the scriptural text.

Secondly, we will explore exegetically the historical, political, and socio-economic backgrounds. Thirdly, we will attempt to perform a thorough, detailed word study that carefully compares and examines the various words and phrases within the scriptural text. And provide my interpretation of these multiple words and phrases from 1 Peter 5:6-11. Fourthly, our intended hope is to provide some practical research scriptural solutions that address an individual spirituality and mental oppression that historical Christians experienced through my academic efforts. Finally, I intend to demonstrate the parallelism between the past and contemporary Christian experiences concerning spirituality and psychological abuse that often occurs while living within a secular culture.

We will also examine how these oppressive experiences can mold and significantly impact the lively hood of any individual or an entire community. Hopefully, we can answer the question of why all humans experience spiritual and mental oppression. At the same time, identify the real spiritual adversary who is fully responsible for all oppressions. First, however, we will discuss how we, as all humans are not hopeless against spiritual and mental oppression within ancient and modern society. But we will identify and direct our attention to the one and only person who is the Savior of all life. This Savior is more than willing with his power and grace to save, deliver, help, and heal all of us spiritually and naturally. Regardless of our present circumstances or individual past, we are all journeying from within the course of life. The Savior will help heal us when struggling with our spiritual and mental experiences.

Finally, we will demonstrate how this biblical passage corresponds with my doctoral ministry project. We will briefly discuss how this same biblical passage correlates to our modern global society as all humanity is currently being challenged by a new medical outbreak called the coronavirus. The coronavirus and its repeal effects have stretch-out our spiritual and mental health to an edge. We may also provide some logical reasons why 1 Peter 5:6-11 is an excellent passage of scripture that biblically supports my doctoral ministry project. The theme for my doctoral ministry project is titled: “LORD, Help Me: concerning my spirituality and mental health.”

The primary biblical translation we will be using to assist the team in this investigation is New Revised Standard Version with The Apocrypha, Fourth Edition. As secondary biblical translations, we will also use the New International Version to accommodate the writer in this investigation of 1 Peter 5:6-11.

Literary Engagement: Author

Who or Whose is the author of 1 Peter? The beginning statement of 1 Peter opens with these words, “Peter, an apostle of Jesus Christ... (NRSV)”¹ either the Apostle Peter or a pseudonymous author writes this announcement. Previously, this announcement is in other New Testament epistles, particularly those written by the Apostle Paul. Paul's epistles have a similar opening statement parallel to 1 Peter's by announcing him as the author and his relationship to Christ.

Historically, within the early church of the first and second century AD, early church fathers such as Polycarp, Irenaeus, and others. They have widely supported, cited, and concurred that the Apostle Peter was the original author of the book 1 Peter. In the circle of academia among contemporary scholars, some questions have surfaced among these New Testament scholars regarding Silvanus, known as Silas. The question we should ask: Did Silvanus have a significant role in the actual writing of 1 Peter or not, and if so, what was Silvanus's involvement in regards to 1 Peter? This was simply because Silvanus's name was mentioned towards the end of the letter in 1 Peter 5:12. Apostle Peter states and acknowledges, “Silvanus, whom I consider a faithful brother, I have written this short letter to encourage you and to testify that this is the true grace of God. Stand fast in it (NRSV).”² In this particular verse, there are various implications in terms of its actual meaning. For instance, some individuals have acknowledged Silvanus as a secretary who writes under the verbal influence of the Apostle Peter.

¹ 1 Peter 1:1, New Revised Standard Version (NRSV). Unless otherwise noted, all scripture references in this document are from the NRSV.

² 1 Peter 5:12 (New Revised Standard Version Bible).

In response to the question concerning Silvanus' significant role as a writer of 1 Peter or not, we gather the information regarding this question. The theory was circulating among contemporary scholars concerning amanuensis and defining amanuensis. Primarily, the phrase amanuensis is used to describe the relationship between Silvanus and Apostle Peter. However, this same word, amanuensis, could have a wide range of meanings; for example, it could mean a secretary or letter carrier.

According to Tyndale's New Testament Commentary on 1 Peter, a statement was that was made, "No-one has yet proved that *graphō dia tinos* can mean "to authorize someone else to compose a piece of writing."³ I agree and fully support this statement concerning this word, amanuensis, and its interpretation. I agree with Grudem because, in the Greek language, a single word could have a plethora of meanings regarding the usage of the term within context. Peter does acknowledge Silvanus as a faithful brother. From a historical perspective, I perceive Silvanus as a letter carrier who distributes this letter to the recipients of Asia Minor.

However, today, there is a pushback and an objection by some contemporary New Testament scholars who have widely debated their position regarding the authorship of 1 Peter.

Modern scholars question the authorship for several reasons; for instance, the proficiency of the Greek language in regards to the usage of prepositions and personal pronouns that was fluently used throughout the letter has raised questions. These questions are aroused by scholars simply because some individuals have observed and

³ Wayne A. Grudem., *1 Peter* (Downers Grove, IL: InterVarsity Press. 2009), 24. ProQuest Ebook Central.

questioned Peter's biographical and educational background. For instance, like the Sanhedrin counsels in Acts 4:13, the ancient religious group was shocked by Peter and John's bravery as this counsel was questioning them. According to the Synoptic Gospels, Peter, a Galilean, whose preoccupation before Christ were fishermen. After meeting and being commissioned by Christ, Peter's post-occupation becomes a fisher of men.

The question scholars still asked remains, how can Peter possibly be the author, especially with Peter's preoccupation as a fisherman that could have placed barriers around his intellectual comprehension and educational background? The only way to answer this question is by asking another question during ancient biblical times of Jesus' day. Afterward, his ascension was the Greek language, a universal language used by a majority of people throughout the region of Palestine?

In 332 BC, military general and leader Alexander the Great captured Palestine and brought with him the Greek culture, customs, and language. The Greeks' influential culture, traditions, and language were spread across and throughout the Palestine geographical region. According to Argyle, he states: ("There is greater readiness now than there was formerly to admit that Jesus and his disciples, all of whom were Galileans (Acts 2:7), were bilingual, speaking Greek as well as Aramaic.")⁴ My point of emphasis from quoting Argyle was that people cross-culturally exchanged communicational in business, trade, or everyday casual conversation. "The traditional view, held throughout antiquity to the modern period, understood that 1 Peter was written by Peter himself."⁵

⁴ Grudem, 1 Peter, 31.

⁵ Darian Lockett, *An Introduction to the Catholic Epistles: Introduction to the Catholic Epistles* (London, UK: Bloomsbury Publishing Plc, 2012), 42. ProQuest EBook Central, <http://ebookcentral.proquest.com/lib/dtl/detail.action?docID=835715>.

This brings us to our final point concerning the authorship of 1 Peter is that Peter might not have been fluent in the Greek language. But it is a possibility that Peter knew some parts of the Greek word, which could have enabled him to write the letter.

Despite an individual position concerning the authorship of 1 Peter rather we accept or do not accept Peter as the author. The real fact remains about the book of 1 Peter and its authorship, and the truth is that we in as all humanity, can trust and always believe in the book of 1 Peter regardless of its authorship because 1 Peter is a book that is spiritually inspired by the breath and finger of GOD. There is no need to further debate about the authorship of 1 Peter because GOD is the original author.

Date

When evaluating the possible dates for when 1 Peter was written, the open-end question that an individual should ask or consider: where was Peter's actual location during the time the letter was being written? The reason why an individual should raise this particular question is that, according to Peter, he mentions, "Your sister church in Babylon, chosen together with you. (NRSV)"⁶ Historically, in the New Testament, the name Babylon has been interpreted and accepted by scholars as Rome.

If Peter was in Rome while he wrote this letter, when did he appear in Rome? The book of Acts 28:30-31 states that the Apostle Paul was in prison in Rome. While Paul was in prison in Rome, he writes the churches several letters to a variety of churches. If Peter was in Rome during Paul's imprisonment, for whatever reason, Paul never mentions or discusses Peter's presence during his tenure at Rome. However, there is not enough

⁶ 1 Peter 5:13 (New Revised Standard Version).

factual evidence to support any early dates when 1 Peter was written. It is safe to say that no one truly knew precisely where Peter was located at the time; instead, he was in Rome before, during, or after Paul's imprisonment in Rome.

It is safe to rule out that Peter was not present in Rome during Paul's imprisonment. The reason why is because Paul would have at least mentioned Peter when he wrote those letters to the churches. According to Grudem, "It must be remembered that the evidence used to determine AD 64 as the latest date possible is more firmly attested historical data...."⁷ Therefore, in this investigation 1 Peter was possibly written between 62 and 64 AD.

Audiences

When the Apostle Peter wrote this epistle of 1 Peter, my question was, who was Peter's target audience or general audience he was addressing in 1 Peter? In this investigation concerning the audience of 1 Peter from a historical perspective, Christian theologian thinkers such as Saint Augustine and John Calvin embrace the view that the intended audience of 1 Peter was towards Jewish converts.

As opposed to today's contemporary New Testament scholars who have widely debated their opinion on whether 1 Peter was written to a specific or general audience. According to Jobes, "Most interpreters today conclude that the original recipients must have been Gentile converts."⁸ I partially disagree with both the historical theologian's and modern scholars' perspectives on one specific intended audience.

⁷ Grudem, *1Peter*, 38.

⁸ Karen H. Jobes, *1 Peter* (Grand Rapids, MI: Baker Academic, ProQuest EBook Central, 2005), 39.

My partial disagreement is because the writer perceives the audience of 1 Peter as inclusive of both Jewish and Gentile converts since both cultures were present in Asia Minor while the letter was being distributed. Despite an individual position on the intended audience of 1 Peter.

The main point of emphasis of 1 Peter was that both Jews and Gentiles were recipients throughout Asia Minor. These recipients' previous historical and spiritual systems had failed them in having a relationship with God. And both groups of people were in strong need of spiritual redemption and a relationship with God. The only way for both Jews and Gentiles to be redeemed and receive salvation was through the precious blood and saving knowledge of the Lord Jesus Christ. The Spirit of God led Apostle Peter to remind the audience of their broken spiritual systems while at the same time informing them about the new and perfect covenant through the Lord Jesus Christ.

As Peter addresses the audience of Asia Minor, within the body of the audience, there are two groups of people who are polarized opposites from each other who need spiritual guidance in dealing with the tension of persecution as a Christian.

The first group of people is non-resistance to social pressure inflicted with abuse. These individuals are so passive that they would not stand up for themselves but would allow themselves to be inflicted and tormented emotionally and psychologically with pain and hurt. The second group of people was those who were not passive in their approach to persecution. These individuals are resilient and emotionally angered to contest a physical dispute towards those persecuting and oppressing them. The tension that Apostle Peter was facing was how to address both groups of people in understanding the circumstances each group of people is suffering as a Christian believer. In these

Christian communities, several negative internal issues occurred within the community. And these negative internal issues had a ripple effect that was affecting one's faith and commitment to Christ and the cohesiveness within the community as a whole.

Environmental Circumstances

The environmental circumstances identified a shortlist of daily problems affecting members of the Christian community. For instance, the first issue was everyday individuals who would suffer spiritually, psychologically, emotionally, and physiological abuse. The second issue, some members' lifestyles, were wrestling with letting go of previous pagan practices. Finally, the third issue was surrounded by a secular culture whose life perspectives contradict the Christian doctrine and faith.

The fourth issue concerned the lack of expressed love and cohesiveness among Christian believers. In the final point, spiritual warfare from satanic and demonic forces of evil purposes daily sinful temptations. The counterbalance of these issues is how can a Christian believer maintain faith and commit to the Lord Jesus Christ while being persecuted.

Major Themes of 1 Peter

I identified and visually saw the major themes of 1 Peter that reoccurred throughout the epistle: First, Discipline yourselves; instead, it was spiritually or morally discipline that involves self-control. Peter kept emphasizing this word discipline about both spiritual and moral discipline. The second major theme, all humanity purchases with the precious redemptive blood of the Lord Jesus Christ.

Peter shared this message concerning the blood of Christ with the community to inform them this message is the heart and soul of the gospel. Peter wanted the Christian community then and us today to know that we as all humans are not redeemed with money, materials, and luxuries of life but with the precious and sacred blood of the Lord Jesus Christ.

The third major theme was practice absence from all fleshy desires. Peter wanted the Christian community to spiritually consecrate themselves unto the LORD and live pure in holiness. As Children of the LORD, Peter informed and encouraged the believers that they belong to a Holy God who wants his children to reflect his divine holiness. The fourth major theme is the spirit of unity and love for one another within the community. Peter encourages believers to unite as one unique community and express universal love for each other as believers of the Lord Jesus Christ. The fifth major theme, eschatologically, informs and prepares for the second advent of the Lord Jesus Christ. Peter felt and believed that the Lord Jesus Christ was returning to earth at any day or moment during his lifetime. Therefore, Peter desired and wanted the Christian community to be ready and prepared for when the Lord Jesus Christ returned.

The final major theme, I AM the LORD GOD Almighty, give and place all your anxiety into my healing hands. Peter wanted to encourage the believers that despite their sufferings mentally, spiritually, and physically persecution, the people have a God willing to help and heal them from inside out. As we have discussed the literary elements of 1 Peter, now we can pivot and direct our attention to a more specific passage of text such as 1 Peter 5:6-11. In 1 Peter 5:6-11, our investigation will focus on its historical elements and perform an exegetical interpretation of the scriptural passage.

Historical, Political, and Social-Economical Elements: Historical Setting of 1 Peter

In the historical setting of 1 Peter, we need to begin our investigation by asking a series of questions. First, was there an actual empirical policy by the Roman emperors that specifically targeted Jewish and Christian groups?

In response to our first question, we ask concerning the empirical policy of the Roman government towards Christians. According to the *Hermeneia A Critical and Historical Commentary on the Bible* written by Paul J. Achtemeier, he stated, “Not only did different emperors follow different policies, but different regions saw different applications of the policies being pursued at any given time.”⁹ The empirical policy of Roman emperors and their government had no policy in place that inflicted persecution specifically towards the Jewish and Christian communities.

Second question, where was there any specific emperor of Rome who did not or did order inflicted persecution towards the Jewish and Christian communities, especially during Peter's lifetime? In response to the second question that was stated above concerning the Roman emperors inflicting persecution towards the Jewish and Christian communities. Although during the reign of Julius Caesar, he embraced, tolerated, and openly accepted various forms of religious practices and beliefs concerning any community of faith and allowed them to practice their religion openly. But after Julius Caesar's death and the following Roman emperors who came into power, such as Nero,

⁹ Paul J. Achtemeier and Eldon Jay Epp, *1 Peter: A Commentary on First Peter* (Minneapolis, MN: Augsburg Fortress Publisher, 1996), 24, <https://muse.jhu.edu/book/45991>.

Domitian, and Trajan. “Scholars have traditionally attempted to locate such official persecution of the church particularly in the reigns of Nero, Domitian, and Trajan.”¹⁰

These emperors, however, did prohibit religious practices and temple worship, specifically within the Jewish and Christian communities. For example, Emperor Domitian declared himself to be some divine entity, and he demanded that Christians respond to him as their lord and god. Domitian's demand and enforcement were spiritual persecution, and if Christians refused Domitian's as they should as their lord and god. Then, their bodies were beaten with leather whips and ultimately alienated due to their refusal. This brutal punishment was torture to the individual, but it also created a mental image of trauma that instills fear into other Christian believers.

The historical issue that arises in this investigation is that Peter was dead before Domitian became the emperor of Rome. According to the *Hermeneia, A Critical and Historical Commentary on the Bible* written by Paul J. Achtemeier states, “Such persecution could fit the situation presumed in 1 Peter, but so late a date would virtually preclude Simon Peter as the author.”¹¹ The writers support this statement because it firmly embraces the concept that Peter was the original author of book 1 Peter. So, Domitian did persecute the Christian community, but it was after Peter's death. As a result, our investigation rules out the possibility of empirical persecution ordered by any emperors of Rome because of the historical dates that conflict with Peter's lifetime being present during persecution.

¹⁰ Paul J. Achtemeier and Eldon Jay Epp, *1 Peter: A Commentary on First Peter*, 29, <https://muse.jhu.edu/book/45991>.

¹¹ Paul J. Achtemeier and Eldon Jay Epp, *1 Peter: A Commentary on First Peter*, 32, <https://muse.jhu.edu/book/45991>.

Third question: How did the higher authorities, such as Roman emperors, perceive individuals whose religious beliefs were indifferent to Roman beliefs? There was no empirical persecution towards the Jewish and Christian communities from emperors during Peter's lifetime. In response to the third question concerning the thoughts, higher authorities like the Roman Emperors' perception towards a community belief were the opposite of Romans' beliefs. In the aspect of a community's religious beliefs, more senior Roman officials saw no long-term terroristic threat that a religion or belief could affect the firmness and functioning of the Roman Empire or its core government.

What level of Roman authority inflicts persecution towards the Jewish and Christian communities? Where do you see the infliction of mistreatment more locally based, authoritative officials or the higher forms of governmental authority? In response to our final question, what concerned the level of Roman power that routinely suppressed and victimized the Jewish and Christian communities of faith?

On a lower level of government, local officials were in charge of daily and various local auxiliaries. These local officials repetitively publicly charged and condemned the Jewish and Christian communities of faith. Because these communities would refuse to worship the idol images of Rome as they rightfully should refuse to do, as a result, from taking a stand for their religious and spiritual beliefs by not worshipping these Roman idol images, the local Roman officials were offended.

These local officials sought out and took upon themselves to punish anyone who refused to embrace and pay pilgrimage to the Roman gods. Any form of abuse or torment that consistently occurred, whether publicly or privately, can and does hurt an

individual's spirituality and mental health. This religious and spiritual abuse did cause internal spiritual, and psychological depression for the Jewish and Christian communities of faith. In the spiritual realm of life, these local officials allowed themselves to be influenced and led by the spiritual forces of evil against individuals who were also influenced by the spiritual forces of good. The Apostle Paul once stated, "...stands against the wiles of the devil. For our struggle is not against enemies of blood and flesh, but against the rulers, against the authorities, against the cosmic powers of this present darkness, against the spiritual force of evil in the heavenly places."¹² Historically, in the spiritual realm of life, the LORD verse Satan's two particular spiritual forces have been known as spiritual warfare. The spiritual war between the LORD and Satan occurred during ancient biblical society as well as within today's modern society.

The actions and responses between these two spiritual forces have always had involvement humanly. Humanity has always been spiritually divided between religious and secular communities. In both ancient and modern societies, this is the Lord Jesus, prophetically predicting a form of religious persecution in the Synoptic Gospels. Jesus clearly states, "If the world hates you, be aware that it hated me before it hated you. If you belonged to the world, the world would love you as its own.

Because you do not belong to the world, but I have chosen you out of the world- therefore the world hates you."¹³ And these same local officials thought because of the refusal to worship Roman images by the Jewish-converts and Christian communities of faith. It would, in terms, bringing misfortune upon the Roman community itself.

¹² *Ephesians* 6:11-12 (New Revised Standard Version).

¹³ *John* 15:18-19 (New Revised Standard Version).

According to *Hermeneia: A Critical and Historical Commentary* written by Paul J. Achtemeier, states, "...the practice of the emperor cult in Asia Minor was due more to the zeal of local elites than to the emperors themselves."¹⁴ Based on the historical data we have collected, it is impossible to determine the exact period and dates when the Jewish and Christian communities of faith were persecuted.

Political and Social-Economical

The political and social-economic situation within the communities in the book of 1 Peter varied across Asia Minor. The Jewish and Christian communities in 1 Peter live in a Greco-Roman society tremendously influenced by social hierarchy. In the circle of Christian believers, they had a social system called household codes. These household codes were based on how individuals socially treated each other and others outside their community with reverence of mutual respect.

In the atmosphere of the Greco-Roman, they had a hierarchal social system of their own that was in place. The Greco-Roman social hierarchal network was based upon how individuals treated and respected each other differently depending on the level of the individual social rankings they had within the Roman Empire. The constant tension and conflict between the Christian community and individuals of the Roman community were how social respect was given between two individuals.

From the Christian aspect, social respect is mutual between two people. But from the Romans' position, respect was given to an individual based upon social societal

¹⁴ Paul J. Achtemeier, and Eldon Jay Epp, *1 Peter: A Commentary on First Peter*, 35, <https://muse.jhu.edu/book/45991>.

ranking. Some Christians were willing to be submissive to individuals of the Roman Empire, but others were resistant. Politically, “The pressure on the Christians is to disown the name, and to prove their religio-political loyalty by worshipping the gods, praying to the emperor or swearing by his genius.”¹⁵ Social-economically, in terms of the Jewish-converts and Christian audience that Peter addresses in the book of 1 Peter, the social and economic classifications varied. Socially these people were a mixture of ordinary and intellectual individuals. Economically, the classifications ranged from the poor to the elite. According to Peter, David’s “economic discrimination and confiscation of goods and property could lead to slow starvation if other members of the church did not share with those experiencing the loss.”¹⁶ Politically, socially, and economically, all fascists can be stressful to bear on a continuous basis.

Scriptural Exegeses, Word, and Phrase Study: Final Message of Encouragement with Hope of Eternal Glory

In the scriptural exegeses, word, and phrase study, we will discuss the entire biblical passage. But we will only exegete and perform a particular word and phrase study on certain parts of the biblical passage. In 1 Peter 5:6-11, Apostle Peter writes his final message of encouragement and inspiration to the churches. Peter starts this final chapter of five by considering himself and acknowledging the local elders of the community.

¹⁵ David G. Horrell, *1 Peter New Testament Guides* (London, UK: Bloombury Publishing Plc. 2, ProQuest Central, 2008), 91.

¹⁶ Peter H. Moo, Douglas J. David and Robert Yarbrough, *1 and 2 Peter, Jude, 1, 2 and 3 John* (Grand Rapids, MI: Harper Collins Christian Publishing, 2015), 49.

These same elders, known as Peter, instructed presbyters to provide spiritual guidance and pastoral care for all within the community of faith. Peter teaches the elders not to lord over people's faith but rather be a godly example of Christ to those who live in the community of faith. Peter also calls for the entire communities to submit themselves as representatives of Christ mutually. As discussed earlier, we will examine the passage of scripture, but the words and phrases highlighted in boldness will attempt a further detailed investigation.

(6) “Humble yourselves therefore under the mighty hand of God, so that he may exalt you in due time. (7) Cast all your anxiety on him because he cares for you. (8) Discipline yourselves and keep alert. Like a roaring lion, your adversary, the devil, prowls around, looking for someone to devour. (9) Resist him, steadfast in your faith, for you know that your brothers and sisters in the entire world are undergoing the same kinds of suffering. (10). Then, after you have suffered for a little while, the God of all grace, who had called you to his eternal glory in Christ, will he restore, support, strengthen, and establish you? (11) To him is the power forever and ever. Amen.”¹⁷

(6) “Humble yourselves therefore under the mighty hand of God, so that he may exalt you in due time.”¹⁸ The word humble, according to the *AMG's Annotated Strong's Greek Dictionary*, the Greek word (ταπεινῶω) whose standard reference number <5013>, and is translated as tapeinoō.

This word humble occurs fourteen different times in the New Testament. Humble itself is a term written in 1 Peter 5:6 is a verb in the passive voice. And according to the

¹⁷ 1 Peter 5:6-11 (New Revised Standard Version).

¹⁸ 1 Peter 5:6 (New Revised Standard Version).

context of 1 Peter 5:6, the word humble, in my definition, can be defined as when an individual humbles himself or herself through abasement. The primary reason for pursuing humbleness and the outlook of its practical application implies for an individual to continue daily and follow the steps of the Lord Jesus Christ.

The Lord Jesus Christ openly demonstrated his humility to all humanity. And the reason why Christ is our perfect example of humility is that he endured spiritual, psychological, and physical oppression and depression from Satanic forces of evil, religious leaders, and Roman soldiers throughout his lifetime.

When Peter mentions the teaching of humbleness, he emphasizes and recites Proverbs 3:34. Peter instructs and not by force, commands these communities of faith to humble them during persecution. According to Ben Witherington III, he states that “Believers are to act relationship to God while bearing in mind that their present conduct matters and will affect their standing later.”¹⁹ I agree with Ben Witherington's statement for the simple fact the Christian community's spiritual relationship and humanistic lives were in a very intense and uncomfortable situation.

These people's relationship to the LORD and others was in spiritual warfare, continually being tried and tested by the same satanic forces of evil that oppress and persecute the Lord Jesus Christ. Peter tells the community to humble themselves under the mighty hand of God. Peter highlights the historicity and usage of GOD's power demonstrated throughout the Old Testament. God uses His mighty hand of power to demonstrate His ability to rescue, empower, and encourage His children of faith. While at

¹⁹ Ben Witherington, III, *A Socio-Rhetorical Commentary on 1-2 Peter: A Socio-Rhetorical Commentary on 1-2 Peter* (Downers Grove, IL: InterVarsity Press, ProQuest Ebook, 2006), 236.

the same time, at the time, the same God brings “hand of judgment”²⁰ towards the oppressors.

(7) “Cast all your anxiety on him because he cares for you.”²¹ Apostle Peter encourages the entire community to give and spiritually throw all their psychological, emotional, and physical anxiety into the healing hands of God. “Subordination under God’s “mighty hand” makes it possible to “throw off” every concern onto this God.”²² The Greek word that is implied in verse seven of 1 Peter is μέριμνα and is translated as merimna, its standard reference number is <3308>, and this same word also occurs six times throughout the New Testament. However, as compared to the *William D. Mounce Complete Expository Dictionary of Old and New Testament Words*, states the meaning of “merimna is a care, anxiety, concern.”²³

To provide an extended word study on the term anxiety according to Johannes P. Louw and Eugene Albert Nida, in the *Greek-English Lexicon of the New Testament: Based on Semantic Domains* it stated, “μέριμνα, ης f: a feeling of apprehension or distress because of possible danger or misfortune—‘anxiety, worry, anxious concern.’ ἡ μέριμνα πασῶν τῶν ἐκκλησιῶν ‘anxious concern for all the churches’ 2 Corinthians 11:28; πᾶσαν τὴν μέριμναν ὑμῶν ἐπιρίψαντες ἐπ’ αὐτόν ‘cast all your worry upon him’

²⁰ Witherington, Ben, III. *A Socio-Rhetorical Commentary on 1-2 Peter: A Socio-Rhetorical Commentary on 1-2 Peter*, ProQuest Ebook Central, 236.

²¹ 1 Peter 5:7 (New Revised Standard Version).

²² Reinhard Feldmeier, *The First Letter of Peter: A Commentary on the Greek Text* (Waco, TX: Baylor University Press, ProQuest Ebook Central, 2008), 244.

²³ Mounce D. William, *Mounce’s Complete Expository Dictionary of Old & New Testament Words* (Grand Rapids, MI: Zondervan), 26.

or ‘leave all your worries with him’²⁴ And finally, according to Ethelbert W. Bullinger book titled: *A Critical Lexicon and Concordance to the English and Greek New Testament*, that stated “μέριμνα, dividing or distracting the mind; then, that which does so, as care, thought, especially anxious care, trouble,”²⁵

The word anxiety would be a more appropriate term for this passage of *1 Peter* 5:7 since both communities internally and outwardly are experiencing anguish as they suffer inflictions by local officials. When comparing the various biblical translations according to the New Revised Standard Version, “Cast all anxiety on him, because he cares for you”²⁶ are incorporated. Compared to the New International Version Bible, it also uses the words, “Cast all your anxiety on him because he cares for you.”²⁷

As we have compared these various translations, we discover interchangeably pain and suffering were occurring in either interpretation. Anxiety and its adverse repel effects on all humanity in ancient civilization and our modern society have spiritually and psychologically imprisoned individuals to suffer in silence during the depression. A Socio-Rhetorical Commentary on 1-2 Peter that Ben Witherington III wrote states, “This casting off fear is just as necessary as submission: If a person does not succeed at separating himself or herself from fear, fear separates him or her from God....”²⁸ It is safe

²⁴ Johannes P. Louw and Eugene Albert Nida, *Greek-English Lexicon of the New Testament: Based on Semantic Domains* (New York: United Bible Societies, 1996), 312.

²⁵ Ethelbert W. Bullinger, *A Critical Lexicon and Concordance to the English and Greek New Testament* (London: Longmans, Green, & Co., 1908), 134.

²⁶ 1 Peter 5:7 (New Revised Standard Version).

²⁷ 1 Peter 5:7 (New International Version).

²⁸ Ben Witherington, III, *A Socio-Rhetorical Commentary on 1-2 Peter: A Socio-Rhetorical Commentary on 1-2 Peter*, ProQuest Ebook Central, 237.

for us to agree with this statement because fear prevents God from intervening in our behavior.

Fear itself does not come from God. The Holy Scripture says, “For God has not given us the spirit of fear, but of power and of love and of a sound mind.”²⁹ Fear itself is a Satanic attribute that comes from Satan and his forces of evil. But, as the biblical author of Hebrew writes in Hebrews 11:6 and Hebrews 13:5-6, suggests that we should trust in the LORD, and as a result of believing in the LORD, our trust conquers all fears. And Peter provides the ancient society and us today a way of casting and breaking out of our spiritual and mental torment, while at the same moment, we are being healed holistically by the hands of God.

Peter wanted the people then and us today that God cares about our spiritual well-being and our deep dark thoughts, and the cold emotions that we experience in life.

(8) “Discipline yourselves, keep alert. Like a roaring lion, your adversary, the devil, prowls around, looking for someone to devour. (9) Resist him, steadfast in your faith, for you know that your brothers and sisters in the entire world are undergoing the same kinds of suffering.”³⁰ In verses 8-9 of 1 Peter 5, the Apostle Peter slightly shifts his conversation from discussing anxiety to speaking in an eschatological sense of identifying the real enemy to the Christian community.

Peter uses the phrase “adversary the devil,” and according to AMG's Strong's Greek Dictionary New Testament it uses the Greek word “ἀντίδικος” translated as “antidikos,” its standard reference number is (476). This Greek word antidikos can take

²⁹ 1 Timothy 1:7 (New Revised Standard Version).

³⁰ 1 Peter 5:8-9 (New Revised Standard Version).

on various word forms such as adversary, opponent, accuser, foe, or enemy; all of these words can simply be directed towards the action of someone who is against another. As Peter informs these Christian communities concerning the devil who happens to be their real enemy that disguises his infliction through other human efforts. “The trials that Christians are experiencing throughout the world are evidence of a satanic desire to undermine the righteous.”³¹

Peter encourages these Christian communities too, "Resist him," meaning to oppose the devil and all forms of sin that could occur interrelation amongst members of the communities. As well as oppose themselves from fighting back outward persecution that is inflicted by local Roman officials. As a community of faith, be strong for each other and remain committed to the Christian faith and doctrine.

According to Lewis R. Donelson, he states, “The universality of this suffering does not result simply from pervasive social tensions between Christians and non-Christians, but also from the energy and activity of the devil, who wishes to devour them.”³² The statement made by Donelson Lewis, I strongly support and agree that Satan is an enemy against God. Satan's goal is to try to interfere with a personal, spiritual, and psychological deliverance for all people who desire to be delivered or pursue a relationship with God.

³¹ PHEME PERKINS, *First and Second Peter, James and Jude: Interpretation: A Bible Commentary for Teaching and Preaching*. Vol. Pbk. ed. Interpretation, a Bible Commentary for Teaching and Preaching (Louisville, KY: Westminster John Knox Press, 2012), 80.
<http://search.ebscohost.com.dtl.idm.oclc.org/login.aspx?direct=true&db=nlebk&AN=558323&Site=ehost-live&scope=site>.

³² Donelson, Lewis R., *I & II Peter and Jude: A Commentary* (Louisville, KY: Presbyterian Publishing Cooperation, ProQuest Ebook Central, 2020), 151.

As well as block a person from having a relationship with God through his various satanic temptations, persecutions, and ultimately destroy those persons. Evil is not passive, but aggressive and active, stalking the world like a raging animal seeking to destroy human life.”³³ However, despite our depression and abuse, we are not alone or helpless within our crises.

The Lord Jesus comforts us with these words, "I am with you always to the end of the age.”³⁴ The Lord Jesus encourages his disciples and us today that he's always with us in spite of the circumstances we are experiencing. Then the Lord Jesus informs us, “If in my name you ask me for anything, I will do it.”³⁵ According to the words of the Lord Jesus, our identity does not matter; neither does the pathway of life was traveling from when it comes to our spiritual, psychological, emotional, or medical needs. We have to ask the Lord Jesus to help us; he will provide us with assistance today. The Lord Jesus administers his healing power and wisdom through medical and psychological physicians.

In the following two verses of 1 Peter 5:10-11, Peter provides these Christian communities with hope in their present lives while giving them a glimpse of the eternal glory in the afterlife. (10) “And after you have suffered for a little while, the God of all grace, who had called you to his eternal glory in Christ, will himself restore, support, strengthen, and establish you. (11) To him is the power forever and ever. Amen.”³⁶ The

³³ Daniel J. Harrington and Senior, Donald P. Sacra Pagina, *1 Peter, Jude and 2 Peter* (Collegeville, MN: Liturgical Press, ProQuest Ebook Central, 2008), 166.

³⁴ Matthew 28:20 (New Revised Standard Version).

³⁵ John 14:14 (New Revised Standard Version).

³⁶ 1 Peter 5:10-11 New Revised Standard Version).

Apostle Peter reminds these Christian communities their suffering is temporal because of “the God of all grace” the Greek word for God is *Theos*. The same God, Peter mentions, is sovereign over heaven, earth, and all creation will provide these Christian believers and us, too, with His Grace of relief from all suffering. In the end of time and the beginning of the eternal, all Christian believers will not only be relieved from all their suffering but will partake in the promise of the “eternal glory in Christ.”³⁷

Conclusion

The ancient society in which the Apostle Peter had to address in 1 Peter was wrestling with various issues ranging from inter cohesiveness and depression to outward oppression and persecution that was occurring among members of the Christian community. Peter encouraged these communities and hoped for a better future in the eternal glory of Christ.

The passage of 1 Peter 5:6-11 correlates with my doctoral ministry project for the simple fact in our modern society compared to ancient civilization. People’s faith and commitment to the Lord Jesus are still under attack and spiritually oppressed by the forces of evil. These forces of evil sometimes used other human beings or medical diseases to carry out its torment of spiritual, psychological, and physical destruction. For example, spiritual and mental depression is an absolute reality. Most recently, in the medical industry, our global society worldwide dealt with a new coronavirus medical condition. This coronavirus versus itself imprisoned caused spiritual and mental health depression across our global society. Coronavirus has reshaped our livelihoods

³⁷ 1 Peter 5:10 (New Revised Standard Version).

spiritually, mentally, and physically. Sadly, but true, the coronavirus even causes death to some individuals in our society. Similarly, like those communities in 1 Peter and today, both still have the Lord Jesus Christ and the Holy Spirit to help, heal, and provide us with a better future of hope in the present and eternal life.

CHAPTER THREE

HISTORICAL FOUNDATIONS

The historical foundation project in this document, we will review and discuss the Christian church historical figure by the name of John Wesley. First, we will briefly review John Wesley's biographical background. John Wesley's history will provide us with an idea of Wesley's identity, his contributions to the Christian faith, and the reason why we are discussing him.

Secondly, we will investigate and discuss two of John Wesley's historical writings about the subjects of spirituality, focusing in terms of spiritual discipleship and disorders. Thirdly, we will explore John Wesley's perception of holiness, social holiness, and social witnessing. Within these views, we will try to see if there is any correlation between Wesley's holiness views in comparison to the modern-day church of the National Primitive Baptist Denomination within the African American context. Fourthly, we will attempt to define Wesley's definition of spirituality and disease compared to our definition of spirituality and disorder. When it came to disorders, how did John Wesley embrace or not the collaboration between faith and science?

In the investigation of each subject writing of spirituality and disorders of John Wesley, we will discuss how these writings have had a significant impact on the Christian faith in both history and our modern times. And how and why John Wesley's writings are still relevant and vital literature for us to have dialogue within today's Christianity?

After we have discussed the significant impact of John Wesley's writings on the Christian faith, we will finally present our conclusion and final thoughts of John Wesley and this doctoral of ministry project. We will discuss the summarized ideas concerning these two subject matters, spiritual discipleship, and mental health disorders, that Wesley had written about. We will direct our final attention towards comparing Wesley's writings to see if they correlate with the doctoral ministry project called: "LORD, Help Me: concerning my spirituality and mental health."

A Glimpse of John Wesley Life:

In 1703, John Wesley was born to the married couple named Samuel and Susanna Wesley in a town called Epworth, England. Out of nineteen children between Samuel and Susanna Wesley, John Wesley was the fifteenth child. John Wesley attended the Christ Church College, Oxford University, and Lincoln College for his religious education, where he earned his master's degree. At the Anglican Church of England, John Wesley became an ordained priest in 1728.

In 1736, John Wesley received an invitation letter from Georgia's Governor Oglethorpe to come to the United States of America. The request itself, that John Wesley being received was explicitly asking him about being a pastor of a church in Savannah, Georgia. John Wesley accepted the invitation with inspiration. John Wesley was excited about his missionary efforts of coming to America and sharing the gospel message with the local Native Americans within the Savannah, Georgia area.

Later on, in 1729, John Wesley returned to Oxford and joined a small religious group that his brother Charles Wesley had founded. The group itself consisted of male

acquaintances who were sincerely pious about daily a prayer life, biblical studies, Holy Communion, holiness, and being missionaries who provided services to those who were less fortunate within the community.

At Oxford, this small religious group is ridiculed by other students and was the label and called the holy club. This same small club of friends will be later identified as the Methodists in 1732. As time progressed and the organization expanded with more members, John Wesley, became the leader of this group of people. In 1738, John Wesley had a supernatural spiritual experience that provided him with assurance and security concerning his salvation in Christ. John Wesley said, “I felt my heart strangely warmed. I felt I did trust in Christ, Christ alone for salvation: And an assurance was given me....”¹

After this particular moment, John Wesley no longer questioned his relationship with Christ but became more eager to pursue his preaching ministry. During this time, John Wesley met and became good friends with another preacher of the gospel by the name of George Whitefield. As preachers of the gospel, Wesley and Whitefield were good ministerial colleagues until their theological convictions separated the relationship between Wesley and Whitefield and causing them to go their own individual paths.

As time went forward, the Methodists expanded with more members across England. To accommodate this vast amount of people, John Wesley had to create small groups and appointed different ministers to facilitate these groups.

John Wesley was a scholar, theologian, preacher, reformer, and publisher who contributed his scholastic thoughts to Christianity and especially to the Methodist faith. He was passionately adamant about the pursuit of holiness and formal religious

¹ Justo L. González, *The Story of Christianity, Volume 2: The Reformation to the Present Day* (New York, NY: HarperCollins Publishers, 1985), 212.

education, being an organized minister who wrote out his sermons with clarity and structure.

John Wesley and his followers of the Methodist Organization wrestled with not being recognized and accepted by the Anglican Church of England. Finally, the Methodist organization was accepted, and in 1791, John Wesley died. Our primary reason for why we are discussing John Wesley and his historical writings on spirituality and disorders. John Wesley's writings can provide us with an authentic understanding as well as how we should give spiritual and medical care for those who are suffering in relation to spirituality and mental health.

Wesley's Spiritual Discipleship

In this section, we will discuss John Wesley's spirituality in relation to his view on spiritual discipleship. John Wesley had a deep passion for ministering the word of God to the unsaved souls known as sinners. He believed that unsaved people needed to have a preached word that would minister the word of God to a person's inward parts, such as the soul, mind, and spirit.

John Wesley believes that not only the inwards parts were significant in terms of being ministered to, but the outwards parts were equally important as well so that the totality of the whole person receives the word of God. Before an individual receiving Christ as Lord, John Wesley, believed that there was salvific steps or process that individual must go through to become a Christian disciple.

These basic fundamental steps of salvation inquire and will lead an individual ultimately towards Christian discipleship of perfection that was inclusive of,

“...circumcision of heart implies humility, faith, hope, and charity.”² According to John Wesley, in his sermon titled *The Circumcision of the Heart*, a person before salvation was spiritually desensitized, and they needed to be awakened and alerted out of their spiritual sleepiness. The antidote Wesley believed for spiritually stimulating an individual was the proclamation of the word of God that called and ministered to both inwards and outward parts of an individual.

A person listening and opening their hearts to receive the proclamation of the word of God was the first step towards the process of Christian disciple. It is safe for us to agree with John Wesley concerning the essential need and emphases for the proclamation of the word of God. God’s word is being ministered and is spiritually calling the individual out of their spiritual deadness.

When receiving salvation, the second step of spiritual discipleship would involve having a heart of humility and faith that enlightens and informs an individual. That tells a person that they need to let go of their selfish pride and arrogance and, through the spirit of humility; humble themselves as they believe in Christ. John Wesley said, “...a deep humility and a steadfast faith hast joined a lively hope, and thereby in a good measure cleansed thy heart from its inbred pollution.”³

The third step towards spiritual discipleship identifies an individual as a Christian disciple of Christ was charity known as love. According to John Wesley, love summarizes the fullness of the Law. Love was the personification of Christ and all

² John Wesley, Sermon Selections, *The Circumcision of the Heart, John Wesley’s Sermon: An Anthology*, edited by Albert C. Outler and Richard P. Heitzenrater, volumes 1-4: Sermons I-IV (Nashville, TN: Abingdon Press, 1991), 25.

³ John Wesley, Sermon Selections, *The Circumcision of the Heart, John Wesley’s Sermon: An Anthology*, edited by Albert C. Outler and Richard P. Heitzenrater, volumes 1-4: Sermons I-IV (Nashville, TN: Abingdon Press, 1991), 27.

individuals who identified themselves as Disciples of Christ had to have an internal representation of this unconditional love for God and all humanity.

For John Wesley ministering and directing an individual heart, mind, and soul towards Christ and expounded the need for salvation was the priority. After these necessary steps of salvation were met by an individual, they then had to pursue the discipleship goal of Christian perfection. However, for John Wesley, salvation was just half of the spiritual process that leads to Christian discipleship of perfection. But to sustain an individual commitment to Christ that leads them towards Christian end which was the ultimate aim of achievement.

The words *Christian Perfection* was John Wesley's sermon title that he preached in the year 1741. When John Wesley mentions this particular sermon title, *Christian Perfection*, he received heavy criticism from his ministerial colleagues and local critics as they misinterpreted Wesley's aim and intentions. John Wesley, when he mentions the terms perfection, he said, "...the best of men are liable to mistake and do mistake day by day..."⁴ So it is safe for us to rule out that when John Wesley mentions perfection that he was not speaking about a Christian person who has never sinned or committed wrongful actions.

What does John Wesley mean by this word perfection? For John Wesley, Christian perfection is deeply rooted in Arminianism and the practical application "..."

⁴ John Wesley, "*Sermon Selections, Christian Perfection, John Wesley's Sermons: An Anthology*" edited by Albert C. Outler and Richard P. Heitzenrater, volumes 1-4: Sermons I-IV (Nashville, TN: Abingdon Press, 1991), 72.

conceived it necessarily involves the active concurrence between reason and the affection, faith and works spiritual and empirical experience.”⁵

In addition to spiritual perfection is the pursuit of constant spiritual maturity that is obtained through continuous inward scriptural holiness. John Wesley states:

“Thus everyone perfect is holy, and everyone holy, in the Scripture sense, perfect.”⁶ According to Wesley, when an individual is at the beginning stages of pursuing spiritual discipleship that leads towards perfection, they are called to serve God and grow in the developmental stages.

The fourth step of spiritual discipleship involves growth and development in spiritual maturity as we grow in the grace and knowledge of God’s word than His word that will teach and constrain us in a mature way not to yield ourselves too and commit sins. And if we were to sin, the same sanctifying grace and knowledge of God’s word is more than able to deliver us. According to John Wesley, no biblical character of the Bible except for only the Lord Jesus was without committing a sin or being free from error. The fifth step of spiritual discipleship is self-denial. John Wesley perceived that a Christian disciples had to deny themselves daily and take up their cross as continuously they follow Christ.

The denial of oneself would, in terms, imply of rejection of spiritual and moral impurities and personal pleasures as a person pursue after Christ. As an individual denies

⁵ Kelsey L. Bennet, *Principle and Propensity: Experience and Religion in the Nineteenth-Century British and American Bildungsroman* (Columbia, SC: University of South Carolina Press, 2014), 24. <https://doi.org/10.2307/j.ctv6wgjtq>.

⁶ John Wesley, Sermon Selections, “Christian Perfection,” *John Wesley’s Sermon: An Anthology* edited by Albert C. Outler and Richard P. Heitzenrater, volumes 1-4: Sermons I-IV (Nashville, TN: Abingdon Press, 1991), 73.

oneself and pursues in his or her mutual relationship with Lord, which leads the sixth step of spiritual discipleship. The sixth step in spiritual discipleship is inward holiness. As we are spiritually communing with the Lord through the Holy Scriptures, then we are in the presence of God's holiness. When we are in the spirit of holiness, then we will not sin because our spiritual fellowship is with God. As we are in spiritual fellowship with God, then God will not allow us to sin, but instead, through Christ, he will enable us to live in Christian perfection.

This Christian perfection occurs inwardly within us and prevents outward expressions of sin but releases an outward appearance of God's righteousness. Finally, for John Wesley, spiritual discipleship requires an individual to receive salvation and become spiritually perfected through maturity, continuous self-denial, and inwardly for the scripturally based holiness.

John Wesley's Perception of Holiness, Social Holiness, and Social Witnessing

In our definition, the word holiness can be defined as something sacred or sacred living. Specifically, when discussing John Wesley, his ministerial view of holiness was driven by a deep intraocular focus on the inward transformation of the individual that was being ministered to. In the eighteenth century of the year 1739 within the Christian circle of faith, there were various conversations amongst ministers, who would often question themselves and others: How can a Christian person pursue and obtain biblical holiness or a holy life in a secular society without participating in the culture of sin, and how is a holy life achieved? As a result, some Christian individuals took the position of isolating themselves from the secular society.

While John Wesley, however, took the position that holiness is scripturally based. And a holy life is not to be lived in isolation from society but rather in a communal community of faith. Inside the communal community of faith, individuals could receive spiritual support and be held accountable by other members of the Christian faith. From a global perspective, John Wesley perceived scriptural holiness as something that should be inclusively embraced by all Christians in the body of Christ and not just for the Methodists denomination but all Christians.

When discussing holy living in the context of social holiness, John Wesley created two small ministry groups of people called bands and classes that would arrange their meetings every week. These small ministry groups are where John Wesley and other leaders of the Methodist faith could implement holy living to both new and current members of the church? Simply because John Wesley, "...concept of religion was both emotional and practical-the power of God producing inner peace and empowering outward conduct."⁷

In the group of bands, the new beginners of the Christian faith would start fundamentally in the pursuit of holy living. The band meeting was like attending a Bible study that provides practical devotion to holiness. The scriptural focal point of the band meetings was centered on James 5:16, which states, "Therefore confess your sins to one another, and pray for one another, so that you may be healed."⁸

⁷ John Stacey and Frank Baker, *John Wesley: Contemporary Perspectives* (Westminster, UK: Epworth Press, 1988), 117.

⁸ James 5:16 (New Revised Standard Version).

During verbal expressions of James 5:16, primarily, it was supposed to provide deeper community bondage amongst members as they verbally express their concerns or sins they have committed within their lives. However, individuals could receive spiritual freedom from the sinful power that kept them bound in this same expression.

However, the class meeting was precisely for more advanced believers of Christ, and their meeting did address some biblical instructions on scriptural holiness. But overall, it was more focused on missionary involvement within the local community. “Wesley’s vision for social holiness, through small groups like classes and bands, provided the key context where the Methodist message came to life. These structures created community at a time when previous social forms were being disrupted or lost.”⁹

John Wesley’s missionary perception on social witnessing and historically Wesley’s missionary personal perception of influence started with his family’s history, beginning with Wesley’s grandfather, then from both of his parents, Samuel and Susanna Wesley. Historically, it is believed that Wesley’s mother Susanna had more missionary influence on him than any other person within his family, and outside of his family, it was John Burton. For the simple fact, Susanna was a missionary herself, and she had a spiritual experience from reading the literature of Danish-Halle. After the spiritual knowledge from reading the Danish-Halle literature, she then started educating all of her children concerning the missionary field.

As John Wesley grew older and became more educated, as we have stated earlier in this paper, Wesley traveled to America for missionary work. In John Wesley’s

⁹ Kevin M. Watson, “*Pursuing Social Holiness: The Band Meeting in Wesley’s Thought and Popular Methodist Practice: The Band Meeting in Wesley’s Thought and Popular Methodist Practice*” (Cary, NC: Oxford University Press USA-OSO, 2014), 10. <https://ebookcentral-proquestcom.dtl.idm.oclc.org/lib/dtl/reader.action?docID=3055852&ppg=16>.

perception of missionary work, he perceived it as a collective team effort of evangelism for Christ, not an individual effort. Wesley desired his missionary evangelism to be a genuine reflection of the early New Testament church in sharing Christ and making disciples.

When John arrived in Savannah, Georgia, his missionary evangelistic thoughts were polarized between two missionary groups called the English and Danish-Halle societies. Both of these evangelistic groups and their views on how missions were to be carried out were opposite of each other. According to W. Harrison Daniel, he states: “The English missionary societies focused on missionary as a representative of love, the carrier of pastoral care, and the dispenser of theological and educational wisdom. The Danish-Halle Society, on the other hand, saw its missionaries more as servants of the church; entirely dependent upon the effects of the Holy Spirit.”¹⁰

Historically, it is believed that Wesley’s preconceived education and influence by his mother on missions tilted him towards the Danish-Halle viewpoint of missions. When John Wesley met with the Native Americans, he desired to share the Gospel of Christ with them. But as Wesley was ministering the gospel message, this same message of the Gospel of Christ he was sharing started to evangelize him.

John Wesley saw no nationality, racial or ethnic diffraction regarding social witnessing. Still, he instead viewed all humanity as people who equally needed the Word of God in their lives. John Wesley desired to see that Native Americans were delivered

¹⁰ W. Harrison Daniel, *The Young John Wesley as Cross-Cultural Witness: Investigations into Wesley’s American Mission Experience and Implications for Today’s Mission*, Journal: Missiology: An International Review V28 N4 (10/2000):443-457, <https://journals-sagepubcom.dtl.idm.oclc.org/doi/pdf/10.1177/0091829000280404>, 446.

from substance abuse like alcohol. Wesley preached against slavery in America. John Wesley tried to advocate for slaves. He encouraged Christian plantation owners to create schools that would provide biblical education to slaves. In this attempt, Wesley was unsuccessful.

Overall, John Wesley's perception of social witnessing provided all God's creation in humanity with a biblical education about Christ and holiness. He truly was trying to exercise the Great Commission scriptural passage in the Gospel of Mark 15:15-16, which states, "And he said to them, Go into the entire world and proclaim the good news to the whole creation. The one who believes and is baptized will be saved, but the one who does not believe will be condemned."¹¹

We should ask ourselves, how does John Wesley's perception of holiness, social holiness, and social witnessing correlate or not to the modern-day church of the National Primitive Baptist Denomination within the African American context? In terms of the Primitive Baptist perception of holiness, its definitional perception of holiness is perceived as sanctified, set apart, or sacredly reserved for the use of God. In a definitional sense of holiness for both Primitive Baptist and John Wesley's perception is parallel.

Both Primitive Baptist and Wesley's views convey that holiness is obtained and sustained through scriptural obedience to Christ when it comes to obtaining holiness. In terms of social witnessing to the local community and global society, both Primitive Baptist and John Wesley share the same missionary concept of the Great Commission of Christ that implies believers go out into society and make disciples of Christ. While trying to further the Kingdom of God, they shared the Gospel of Christ with all humanity.

¹¹ Mark 16:15-16 (New Revised Standard Version).

John Wesley's View of Science and Mental Health

As we stated earlier in this document, John Wesley attended Oxford University, but during John Wesley's tenure at Oxford, he read and studied not theology only. John Wesley was very open-minded and interested in learning about medical science, natural philosophy, astronomy, geography, and mathematics.

Various medical physicians whose medical practices and publishings impacted John Wesley emotionally. To name a few medical physicians, but not all of them, John Wesley studied with were Drs. George Cheyne, Boerhaave, Sydenham and Cadogan. Out of these medical physicians, Drs. "Andrew Tooke"¹² and George Cheyne's writings and medical practice shaped and influenced John Wesley probably the most in his early years at Oxford.

In the Methodist faith among the ministerial clergy, John Wesley required his ministers to read literature, study and engage in topics outside the Bible. However, some critics would argue that John Wesley had neither the time nor desire to engage in severe scientific experimentation but remained an active observer and commentator on the scientific scene, especially where it touched on the Bible."¹³

It is safe to argue that John Wesley may not have created a scientific experiment or written scientific literature. But a true fact about John Wesley was that he had a deep interest in science comprehension to where he encouraged others to engage themselves in

¹² Robert E. Schofield, "John Wesley and Science in 18th Century England." *Is.* 44, no. 4 (1953): 332. <http://www.jstor.org/stable/226997>.

¹³J. W. Haas, Jr., "John Wesley's views on Science and Christianity: An Examination of the Charge of Antiscience," *Church History*. Vol. 63, no. 3 (1994), 381. <http://www.jstor.com/stable/3167535>.

the scientific literature. We could also argue that John Wesley viewed life and its experiences through the lens of faith and not science, which relies on humanistic facts. John Wesley "...recognized the psychosomatic nature of many illnesses, the nature and spiritual resources for healing..."¹⁴ For example, John Wesley believes in supernatural evil forces such as demons and other evil spirits by faith. As opposed to science, it would require factual facts that prove the existence of such supernatural evil spirits.

What was John Wesley's view about the anatomy of the human body and its psychology? In the seventeenth and eighteenth centuries, medical physicians like Dr. Cheyne and John Wesley viewed the anatomy of the human body as a machine. The human body consisted of machine parts, and these parts would function and operate as a machine ranging from blood flow, walking to mentally processing. According to Wesley, when the body does not receive healthy, nutritious foods that balance out daily exercise and proper sleep, the body can become ill. John Wesley once asked a question, "Why do so many ministers of the Anglican church contract nervous disorders? The chief reasons are indolence and intemperance. They use too little exercise. They take more food and use more sleep than they need..."¹⁵ Wesley's belief concerning nutrition, exercise, and rest was way ahead of its time in both thought and understanding of our body. So once a person was ill physiologically but more specifically psychologically, what was John

¹⁴ R. Duane Thompson and Charles R. Wilson, *A Contemporary Wesleyan Theology*-Vol. 2 (Grand Rapids, MI: The Zondervan Corporation, 1983), 879.

¹⁵ Alfred A. Weinstein, "John Wesley, Physician and Apothecary, *the Georgia Review*," 10, no. 1 (1956), 51, <http://www.jstor.org/stable/41396599>.

Wesley's perception of healthcare and psychosomatic illness and what kind of medical care Wesley recommended for treatment?

John Wesley actively embraces the idea that medical treatment and healthcare were to provide for everyone in the community, including those who were economically less fortunate than others. In response to this problem in 1746, John Wesley, "...opening a medical clinic on his own in Bristol."¹⁶ And In the year of 1748 John Wesley, "instituted an office of visitors of the sick, whose responsibility it was to see every sick person within his or her district thrice a week."¹⁷ In an extension of John Wesley's concern for the less fortunate, he was thoroughly upset that local physicians would not attend medical care or charge an unreasonable fee to the less fortunate.

John Wesley once said, "Failed to come when called or whose fees were beyond the capacity of the poor to me."¹⁸ After John Wesley had noticed the wrong reasons that medical physicians would state for their excuse for not providing medical treatment, John Wesley then wrote and published a book called the *Primitive Physic*; "Wesley sought a return to a traditional method of medical practice."¹⁹ This book itself was conducive to natural health remedies that were sometimes herbal. These natural health remedies allowed individuals to provide self-care while being at home.

Wesley also took the initiative to create his medical clinic that would provide

¹⁶ Richard P. Heitzenrater, *The Elusive Mr. Wesley*, Second Revised Edition (Nashville, TN: Abingdon Press, 2003), 130.

¹⁷ Randy L. Maddox and Jason E. Vickers, *The Cambridge Companion to John Wesley*, (New York, NY: Cambridge University Press, 2010), 178.

¹⁸ Alfred A. Weinstein, "John Wesley Physician and Apothecary," *The Georgia Review* 10, no. 1 (1956), 49.

¹⁹ E. Brooks Holifield, *Health and Medicine in the Methodist Tradition*, (New York, NY: The Crossroad Publishing Company, 1986), 33.

affordable healthcare accessible for all the people in the community, especially among the less fortunate. John Wesley, his inclusive healthcare desires for all humanity, is parallel to our modern-day position concerning the same equality of healthcare treatment for citizens in America. John Wesley, "...his soteriology can truly be seen as an integrative holism of body, mind, and spirit."²⁰

When discussing psychometric illness or, in John Wesley's terminology, the human body itself has inward and outward health effects in Wesley's description. So, for example, if the skin itself was bursed and its coloration is abnormal from Wesley's perspective, this bursing is an outward effect. But for internal bodily issues that occur within our emotions and mind.

In one of John Wesley's sermons called "The Image of God," Wesley discusses the great fall and how humanity disobeyed God's orders and ate the fruit from the forbidden tree within the Garden of Eden. John Wesley said, "...the forbidden fruit released in the body particles that began to adhere to the inner coats of the finer vessels. The vessels laid a foundation for numberless disorders in all parts of the machine."²¹

John Wesley's theological perception of diseases and disorders viewed conditions due to the original sin when Adam and Eve disobeyed God. As a result of disobedience, the nature of sin enters into the world, and sin itself hurts the human body. For instance, "...Wesley frequently regarded cases of hysteria, lunacy, and various seizures as the result of demonic possession."¹⁷ Which brings us to discussing our bodily inter parts such

²⁰ Melanie Dobson Hughes, "John Wesley's Practical Piety as a Resource for Integrated Healthcare." *Journal of Religion and Health* 47, no. 2 (2008): 246, <http://www.jstor.com/stable/40344438>.

²¹ Phillip W. Ott, "John Wesley on Health as Wholeness," *Journal of Religion and Health* 30, no. 1 (1991): 47, <http://www.jstor.org/stable/27510630>.

as our body, soul, and mind. Wesley embraces the concept of “corruptible body presses down the soul, so the soul presses down the body.”²²

As previously stated, John Wesley perceived any adverse effects that occurred within the psychology of a person; Wesley understood these effects as “inward health”²³ that was caused by a supernatural evil force. John Wesley has this perception because he observes life through the lens of sacred scripture and not scientific logic. To an extent, we should agree with John Wesley; the reason why is because by faith and not by science, there are good supernatural forces that come from God.

As well as evil supernatural forces that come from Satan, they are powerless because of the vicarious victory of the Lord Jesus Christ on the cross. This brings us to John Wesley’s theological perception of diseases and disorders because of the nature of sin that brought some pestilence into the world. But from our most recent medical studies, we are more enlightened about the causes of some disorders and diseases that occur within our bodies.

What did John Wesley say about the term disorder, which is introvert depression? Wesley said depression, “deep and lasting sorrow of the heart may...sometimes weaken a strong constitution and lay the foundation for bodily disorders are not easily removed.”²⁴

²² Phillip W. Ott, “John Wesley on Health as Wholeness,” *Journal of Religion and Health* 30, no. 1 (1991): 50, <http://www.jstor.org/stable/27510630>.

²³ Philip W. Ott, “John Wesley on Health as Wholeness,” *Journal of Religion and Health* 30, no. 1 (1991): 51, <http://www.jstor.org/stable/27510630>.

²⁴ Philip W. Ott, “John Wesley on Health as Wholeness,” *Journal of Religion and Health*, Isaiah 30, no. 1 (1991): 51, <http://www.jstor.org/stable/27510630>.

The nervous disorders Wesley believes were caused by a mixture of items when a person consumes them or does not part take, ranging from drinking tea, liquor, eating animal meat, little to no exercise, or too much sleep.

John Wesley had a supernatural and natural health remedy that an individual could do to provide a cure for nervous disorders. This supernatural and natural health remedy involves first praying to God; supernaturally, Wesley believes praying to God was the most potent antidote accessible for anyone. According to Wesley, no other scientific medicine or homemade remedy could provide a better substitute without prayer to God. We should agree with John Wesley about the supernatural power of praying to God first. Simply because in prayer, we have through the Lord Jesus made available to us an omnipotent God, a God who is willing and ready to heal us from all diseases and disorders.

Beneath the supernatural power of God, Wesley recommended a subjection that is within people's humanly reach, abstain from certain drinks such as tea, liquor, not overconsuming the indulgence of animal meat, acquitted exercise, and sleep. Of course, we are not health scientists or psychologists, but we do know through common dietary knowledge that there are adverse side effects to a person when their mind and body have experience overconsumption of liquor or sugary products.

John Wesley would perceive these adverse effects of the mind and body over consumptions as a result that is caused by evil spiritual forces. We should partially agree with John Wesley because a person does experience internal emotional, and psychological changes from average to abnormal behavior. John Wesley's interest in educating himself and writing about spiritual discipleship and disorders has historically

provided his readers with guidance and practical solutions to accommodate them daily. In modernization, with guidance and practical solutions to accommodate them daily Christianity, and especially in today's medical and psychological fields, have it has tremendously been positively influenced by John Wesley's thoughts.

John Wesley's writings on disorders have provided our medical health scientists with insightfulness to understand some of the causes of our human disorders. In addition to our understanding, John Wesley has provided our medical field with options of treatment that could be applied towards providing medical care when someone is experiencing a disorder known as depression.

Conclusion and Correlation with the Doctoral Project

In an overview of this historical foundation paper of John Wesley regarding spirituality in terms of spiritual discipleship and mental disorders, John Wesley was a unique and brilliant individual. He faced spiritual insecurities that caused him to question his salvation relationship with Christ, like many people in our society do today. However, his salvific questioning and experience would lead him to study different practical solutions that could be applied toward spiritual discipleship.

In terms of mental disorders, John Wesley took the initiative to survey medical physicians, and he collaborated with faith and science to provide a reasonable understanding of mental disorders. After Wesley studied various educational topics, he had a personal quest to provide affordable medical care for ordinary individuals who dealt with bodily sickness and mental disorders.

John Wesley's literary thoughts correlate with the doctoral ministry project “LORD, Help Me: concerning my spirituality and mental health.” John Wesley's writings and sermons connected with this doctoral project because Wesley was a devout Christian person who pursued a lifestyle of spiritual discipleship that was an authentic reflection of the Lord Jesus Christ.

According to John Wesley, this spiritual reflection of Christ called for an individual to live and apply to their lives to scriptural holiness. John Wesley's pursuit of spiritual perfection was not only a desire for himself but for all Christians who were serious about spiritual discipleship. John Wesley and his writings have provided this doctoral project with a scriptural, theological, and historical foundation to understand spirituality and mental disorders.

After reading John Wesley's writings and sermons, historically, he also has provided this doctoral ministry project some of the causes and possible solutions that could be applied towards providing spiritual care and medical treatment for any individual who is suffering from spirituality and mental health.

CHAPTER FOUR

THEOLOGICAL FOUNDATIONS

The purpose of this theological foundation project is to examine the church's theological view of spirituality and mental health. Foundationally, we will start the theological investigation by asking some foundational questions and defining specific terminologies, such as what formation of spirituality was discussed, what particular area of mental health will be our focus within this theological paper, and the definition; of theology? “After defining the foundational definitions, we will look through the breath of theological lens by defining and exploring four theological disciplines, primarily starting with practical theology, pastoral theology, pneumatology, and concluding with ecclesiology. These four theological disciplines will be looked at how they shape the spirituality and mental health within the local churches.

Secondly, we will look through the breath of theological lens by defining and exploring four theological disciplinarians, primarily starting with practical theology, pastoral theology, pneumatology, and concluding with ecclesiology. During our exploration, we hope to discover how these four disciplines provide a theological basis that ministers towards the subjects of spirituality and mental health within the context of these churches.

Thirdly, we will engage in conversation about when individuals within the local churches are experiencing issues with their spirituality and mental health. By asking the

question, how can pastors or ministers theologically inform and attempt to direct an individual's attention towards the spiritual empowerment and healing power of the Lord Jesus Christ?

Finally, we will conclude our discussion by asking ourselves and answering why it is imperative for church congregations to theologically incorporate Christ into the centerpiece of their conversation when members face challenges with their spirituality and mental health. How should these churches theologically respond to individuals facing challenges with their spirituality and mental health?

Foundational Definitions

The foundational premises of this theological paper let us begin by asking the question, what specific form of spirituality will be addressed within this paper? When it comes to the formation of spirituality, spirituality itself is a broad term that can mean various definitions. In this theological paper, the formation of spirituality we will be discussing is Christian discipleship.

In this paper, Christian discipleship will be defined and concur with the international scholarly traditional description that states a disciple is an individual who follows and carries his or her cross into the footsteps and lifestyle after the Lord Jesus Christ. Later on, in our discussion, we will examine the theological implications Christian discipleship requires from an individual theologically?

When mentioning mental health, there is an array of psychological topics that can be discussed and attached to the issue of mental health. However, the particular area of mental health we are discussing in this theological paper will be the cognitive-behavioral

such as anxiety, stress, depression, and even suicidal thoughts that occurs cross-culturally and generationally among all age groups within our global society.

From a theological perspective, what theological contributions does theology have to offer and contribute to the subject of this particular area of mental health? Finally, in our foundational piece, what is the definition of theology? To actually and adequately define the term theology, we will abstract from a few theological dictionaries and theological resources to provide us with a more profound definition of theology.

According to William Greenough Thayer Shedd, “Theology is a science concerned with both the infinite and the finite, with both God and the universe.”¹ And according to William Sailer who defines, “the term ‘science’ and based on his definition argues that theology can be understood as science because it has God as its object and God’s eschatological actions²

Therefore, according to the *Oxford Large Print Dictionary, Thesaurus, and Word power Guide*, this same word theology is defined as: “The study of God; a system of religious beliefs.”³ Finally, after reviewing these various definitions, we can concur on familiar grounds that the primary purpose of theology is the study of God the Father and abstracts of God while intellectually learning about attributes of God through revelation, tradition, reason, and experience. However, in the sphere of academia, there are various

¹ William Greenough Thayer Shedd, *Dogmatic Theology*, ed. Alan W. Gomes, 3rd ed. (Phillipsburg, NJ: P & R Pub., 2003), 51, <https://ref.ly/logosres/dogthshedd?ref=page.p+51&off=447&ctx=inition+of+theology+is+a+science>.

² William Sailer et al., *Religious and Theological Abstracts* (Myerstown, PA: Religious and Theological Abstracts, 2012), 447-469, <https://ref.ly/logosres/reltheoabstracts?art=art=.64493&off=628&ctx=69.+issn:+0044%e2%80%93933549~defines+first+of+all>.

³ Sara Hawker, Edited, *Oxford Large Print Dictionary, Thesaurus, and Word power Guide*, s.v. *Theology* (New York, NY: Oxford University Press, Inc., 2005), 724.

forms of theology, but within this paper, we will be observing the systematic form of theology.

Now, allow us to pivot from our foundational definitions to discussing the traditional theological language rubric in the sense of epistemology, pneumatology, Christology, liberation, and its relation to spirituality and mental health within these local churches. According to the *Evangelical Dictionary of Christian Education*, epistemology is defined as the “Study of knowledge and how one knows, the kinds and sources of knowledge, and the means for understanding and verifying the truth.”⁴ According to Gregory Boyd and Paul Eddy in their book publishing, *Across the Spectrum: Understanding Issues in Evangelical Theology*, these editors define epistemology as “Having to do with how we know what we know.”⁵

From a practical application perspective, these local church congregations practice epistemically through the custom of receiving their Christian education of divine wisdom and spiritual knowledge of truth through the inspired Word of God known as the Holy Bible. The same inspirational literature of the Word of God is revealed through the Holy Spirit and the pastor’s proclamation. Through hermeneutics, the pastor hermeneutically interrupted the scriptural message and presented a relevant Word of God to the congregation through homiletics. However, there are some congregational members who have a stigma and personal guard of defense as they reframe themselves, and others assemble from discussing mental health issues within the church.

⁴ Michael J. Anthony, General Editor; Associate Editors Warren Benson, Daryl Eldridge, and Julie Gorman, *Evangelical Dictionary of Christian Education*, s.v. “Epistemology” (Grand Rapids, MI: Baker Book House Company, 2001), 251.

⁵ Gregory A. Boyd and Paul R. Eddy, *Across the Spectrum: Understanding Issues in Evangelical Theology* (Grand Rapids, MI: Baker Academic a division of Baker Publishing Group, 2002), 271.

Now, this is the reason why the pastor must be spiritually inspired and be well academically trained, informed, and balanced in biblical studies, theology, and recent medical research when discussing spirituality and mental health amongst congregational members. A pneumatological transition occurs within the pastor. A standard definition for the word pneumatology means studying the person and work of the Holy Spirit.

Later on, within this same theological foundation project, we will discuss more elaborately and provide more extensive information concerning the word pneumatology and the work of the Holy Spirit. As the pastor is spiritually guided by the Holy Spirit to proclaim doctrines of truth, they will also have the ability to provide words of hope and empowerment that will ease the tensions of personal stigmas amongst congregational members who have a negative perception of the topics of Christian discipleship and mental health.

Now, allow us to shift directions to the theological word Christology. According to Walter A. Elwell in the *Evangelical Dictionary of Theology*, Christology is defined as, “Jesus is by describing the significance of the work he came to do and the office he came to fulfill.”⁶ From a neutral perspective, we can agree on a fundamental definition of the word Christology as the study of the person and work of Jesus Christ. Christologically, the Lord Jesus Christ, should be the most essential spiritual and theologically figure within the livelihood of all Christian disciples and all individuals who suffer from mental health issues. Why is it imperative for the Lord Jesus Christ to be the most prominent figure within an individual life?

⁶ Walter A. Elwell, Editors, *Evangelical Dictionary of Theology*, s.v. “Christology” (Grand Rapids, MI: Baker Book House Company, 1984), 221.

The reason why is Christ should be the most centrally figure within an individual's life when the Lord Jesus Christ was physically upon the earth. Theologically, he was equally 100 percent divine and 100 percent human at the same time. Christ comprehends and identifies with all humanistic conditions from a humanistic perspective, both spiritually and mentally. Since Christ can relate to all the sufferings of humanity, he calls all humankind, both the believers and non-believers, to a spiritual relationship of discipleship with him and asking society to follow him.

When humanity answers with surrendering and acceptance of the relationship calling of Christ, spiritually, Christ then uses his divine power to spiritually strengthen and his scriptural words of theology to encourage all of his disciples to continue their Christian discipleship of following him. While during the exact moment, Christ becomes a person of deliverance and influence that reaches out to those struggling with deep dark mental oppressions. Finally, when individuals have a divine spiritual experience with Christ, the triumphant Christ liberates us with his scriptural messages of grace, love, deliverance, healing, restoration, and victory.

Now we will shift away from discussing the foundational rubric. Instead, we will now direct our attention towards the four-premier theological disciplinarians that underline the focal point of this doctor of ministry project. Before introducing our four theological disciplines, we will incorporate our main biblical foundational scriptural text and other scriptural text entwining throughout these disciplines.

Our foundational scriptural text comes from 1 Peter 5:6-11, and it states, "Humble yourselves therefore under the mighty hand of God, so that he may exalt you in due time. Cast all your anxiety on him because he cares for you. Discipline yourselves, keep alert.

Like a roaring lion, your adversary, the devil, prowls around, looking for someone to devour. Resist him, steadfast in your faith, for you know that your brothers and sisters in the entire world are undergoing the same kind of suffering. And after you have suffered for a little while, the God of all grace, who has called you to his eternal glory in Christ, will he restore, support, strengthen, and establish you. To Him is the power forever and ever. Amen.”⁷

The Discipline of Practical Theology

We will start our investigation of practical theology by defining it from many sources and discussing its theological application concerning Christian discipleship and mental health. We hope to discover how practical theology does influence Christian discipleship and mental health as we explore practical theology. When defining the term practical theology, we will abstract from various resources, dictionaries and conclude by establishing our definition of practical theology. According to Wilhelm Grab, the founding father of practical theology was Friedrich Schleiermacher. “...Schleiermacher, understanding practical theology as a technical discipline, overcame tendencies to form practical theology as a type of applied science”⁸ and to further our understanding of this theological science and its application.

⁷ 1 Peter 5:6-11 (New Revised Standard Version).

⁸ William Sailer et al., *Religious and Theological Abstracts* (Myerstown, PA: Religious and Theological Abstracts, 2012), 181-196, <https://ref.ly/logosres/reltheoabstracts?art=art.187925&off=690&ctx=s+a+field+of+study.+~schleiermacher,+unde>.

In terms of practical application, how can the churches pursue and apply practical theology within our evolutionary society of the 21st century? To appropriately respond to the previous question, we first need to examine the church's historical relations to practical theology. Historically, there have been opposing tensions in practical theology, such as theoretical science versus the church's holistic care ministry practices. And these tensions of academic science and ministry care have negatively affected the perceptual relationship of the church community.

It has negatively affected the church in creating a non-comprehensive relational gap between historical and present approachable views. Social acceptance of formal theological educational training compares to no formal theologically academic training. The modern church has positively shifted away from no academic requirement to the point of view acceptance and now mandating its pastors and ministers to be academically trained.

The modern church society should not tilt its direction of acceptations and learn by solely focusing on either theory or practice by itself. But the church has to pursue a balance position while currently allowing recent research solutions to inform and equip its members in an evolving society. The church can learn from its historical experiences while being groomed in its present circumstances.

According to Dale P. Andrews in his publishing, *Practical Theology for Black Churches: Bridging Black Theology and African American Folk Religion*, Andrews states, "Practical Theology holds in deliberation theological revelation, theoretical

science, and the practice of ministry...practical theology is an engaging process between theology, theory, and practice, with each one feeding back upon the others.”⁹

The churches should pursue and apply the practical theology of Christian discipleship and mental health. The modern church should revisit its historical, doctrinal beliefs, previous application practices and have healthy conversations with respected persons of the Christian faith. These persons of Christian faith individuals should be pure models of authentic disciplines of Christ in their biblical, theoretical exercise of Christian discipleship. Historically, the Christian persons of faith and historical information can provide complete enlightenment and an educational guide to inspire modern-day Christian discipleship.

However, in terms of applying an educational balance between theory and praxis, the church should also intellectually open itself to studying spirituality regarding practical theology. “Practical theological study of spirituality can help integrate the three dominant methods in spirituality scholarship: anthropological, historical-contextual, and theological approaches.”¹⁰ The church can still learn from historical approaches but be shaped by new methodological approaches that are still scripturally, theologically based, and most recent scientifically researched solutions prevalent to our humanistic situation.

Past personal experiences and historical methodological approaches may defer from current affairs. But the biblical and theological messages will be profoundly parallel

⁹ Dale P. Andrews, *Practical Theology for Black Churches: Bridging Black Theology and African American Folk Religion* (Louisville, KY: Westminster John Knox Press, 2002), 1.

¹⁰ William Sailer et al., *Religious and Theological Abstracts*, Vol. 27, no. 1 (Myerstown, PA: Religious and Theological Abstracts, 2012), 7-21, <https://ref.ly/logosres/reltheoabstracts?art=art.150041&off=545&ctx=dy+of+spirituality.+~practical+theologica>.

and relatively efficient to sustain modern-day Christian disciples spiritually, as well as those individuals who wrestle with internal mental health issues of anxiety, stress, depression, and suicidal thoughts.

As society attempts to understand the psychology of cognitive-behavioral, it has adverse effects on mental health on humanity. Therefore, the church's theoretical implications and practices should intensely focus their attention and emphasis on the most recent psychological scientific research. This same medical research can accommodate the church with scientific-practical solutions to assist the church when trying to minister holistic care to individuals. Without scientific study and academically being uninformed, the church can unintentionally, innocently, or accidentally cause some harm instead of providing help to individuals suffering from mental health issues.

The reality is that we were all human beings first before us, receiving the Lord Jesus Christ as Lord over our souls, hearts, and life. And no individual within the church society or secular world is perfect or without error, and when we fail in life, get up and try again. When it comes to mental health issues, our most vital suggestion to the churches is to continue to affirm scripture and theology. And we recommend that practices of scripture and theology are balanced with medical research solutions so that the ministry of holistic care can be effectually provided to those suffering from mental health issues.

“By engaging in practical theology, the church engages in critical reflection on its praxis as it works to foster a world of justice and solidarity.”¹¹ There will always be

¹¹ William Sailer, et al., *Religious and Theological Abstracts*, Vol. 6, no. 2 (Myerstown, PA: Religious and Theological Abstracts, 2012), 417.
<https://www.ref.ly/logosres/reltheoabstracts?art=art.137806&off=1070&ctx=oxy+to+arthopraxis.+~by+en+goaging+in+pract.>

tension between theory and practice, historical verses, contemporary approaches. But as a whole society, we have to conclude when choosing theory or practice, and it is not either-or. No, theory and exercise should be observed, informed, and embraced equally by all humanity.

Discipline of Pastoral Theology

When it comes to pastoral theology, first, we will start our investigation by defining the term pastoral theology—followed by a brief overview of the church's historical views of pastoral theology. Finally, we will conclude our research by observing pastoral theology, contributions, and assistance to Christian discipleship and mental health issues. The term pastoral theology encompasses a broad definition instead of a precise meaning when defending it.

According to the *New Dictionary of Theology*, pastoral theology can be defined within the nature of these words, “Pastoral theology has to do with the mutual relationship between theology and pastoral work.”¹² And according to Thomas C. Oden, who defines pastoral theology as “...attentive to that knowledge of God witnessed to in scripture, mediated through tradition, reflected upon by systematic reasoning, and embodied in personal and social experience.”¹³ Our definition of pastoral theology inclines a theological reflection implemented through pastoral care of preaching, teaching, and counseling from a pastoral perspective.

¹² Sinclair B. Ferguson and J.I. Packer, *New Dictionary of Theology* (Downers Grove, IL: Inter Varsity Press, 2000), 493.
<https://ref.ly/logosres/ndictheo?ref=page.p+493&off=1706&ctx=ine+with+precision.+~theology+ha>.

¹³ Thomas C. Oden, *Pastoral Theology: Essentials of Ministry* (New York, NY: Harper Collins Publishers, 1983), x.

The church's perception of pastoral theology, according to Douglas Webster, states that “The American Revolution and Second Great Awakening created a democratic culture that disapproved of preachers talking “over the heads” of the people.”¹⁴

Historically amongst common knowledge, congregational church members were discomforted and felt introspectively insecure with theologically gifted preachers who preached theology. And these same preachers were able to communicate good theology to the congregation. A shared knowledge perspective causes a comprehended disconnect between the preachers and congregational church members. John Wesley, “...clearly recognized the psychosomatic nature of many illnesses, the nature and spiritual resources for healing...”¹⁵

The churches may have opposed theological preaching, but historically they have always been open to accepting and expecting pastoral care from their pastor. So what does pastoral theology contribute to Christian discipleship and mental health issues? Pastoral theology's contribution to Christian discipleship is that through the preaching and teaching God's word, pastoral theology affirms and secures a Christian disciple's spiritual beliefs and theological doctrine. Biblical passages remind Christian disciples, “God is faithful; by him, you were called into the fellowship of his Son, Jesus Christ our Lord.”¹⁶

¹⁴ Douglas Webster, “Calling All Augustines,” Review of *The Pastor Theologian: Resurrecting an Ancient Vision* by Gerald Hiestand and Todd Wilson,” *Christianity Today*, Vol. 59, no. 6 (Carol Stream, IL: Christianity Today International, 2015), 85, <https://ref.ly/logosres/ctmag59?ref=volumenumberpage.v+59,+n+6,+p+85&off=3122&ctx=o+the+universities.+~the+american+revolut>.

¹⁵ R. Duane Thompson and Charles R. Wilson, *A Contemporary Wesleyan Theology* Vol. 2 (Grand Rapids, MI: The Zondervan Corporation, 1983), 879.

¹⁶ 1 Corinthians 1:9 (New Revised Standard Version).

The preaching in pastoral theology informs us that we are not purchased with or accept cheap grace. According to Dietrich Bonhoeffer, “Cheap grace is grace without discipleship, grace without the cross, and grace without the living, incarnate Jesus Christ.”¹⁷ Yet, unfortunately, today, our society's grace, the luxury of experiencing, cost Christ His life.

In terms of mental health issues, pastoral theology offers individuals counseling through biblical passages and therapeutic practices. Biblical passages that speak much and offer positive psychological encouragement to individuals, are experiencing suicidal thoughts such as, “I shall not die, but I shall live, and recount the deeds of the LORD.”¹⁸ As well as biblical inspiration that inspires individual mental health to think, “But thanks be to God, who gives us the victory through our Lord Jesus Christ.”¹⁹

When considering the proclamation of the Word of God both spiritually and theologically, the Lord Jesus Christ presents us his spiritual presence and his words of ministry that minister to us relationally. As Christ speaks through the pastor, Christ reaches out with his hands of compassion while wrapping his arms of grace around us just to save the trichotomy of all humanity from spiritual oppression and destruction of life.

From a theory perspective, how can pastoral theology help Christian discipleship and individuals who suffer from Mental Health issues? In the theoretical practice of pastoral theology concerning Christian discipleship and mental health, pastoral theology

¹⁷ Clifford J. Green and Michael DeJonge. *The Bonhoeffer Reader* (New York, NY: Project Muse: Augsburg Fortress Publishers, 2013), 461. <https://muse-jhu-edu.dtl.idm.oclc.org/chapter/1133831>.

¹⁸ Psalm 118:17 (New Revised Standard Version).

¹⁹ 1 Corinthians 15:57 (New Revised Standard Version).

provides pastoral care through the concept of counseling. “Theory is used in pastoral counseling to develop diagnostic sensitivity, empathic anticipation, and play and imagination.”²⁰ The theory of pastoral counseling provides pastors the insightfulness to ask individuals profound questions while also allowing the pastor to minister and nurture the needs of an individual.

Discipline of Pneumatology

As we previously stated earlier within this same theological foundation project that the word pneumatology is defined as the study of the person and work of the Holy Spirit. We will continue to provide further information concerning how pneumatology applies and accommodates Christian discipleship and individuals who suffer from mental health issues. But before we continue our conversation concerning the Holy Spirit, the first question we have to ask ourselves is; who the Holy Spirit is?

The Holy Spirit is the Spirit of God who eternally shares into one divine nature with God the Father and God the Son. The divine nature representation of God the Father, God the Son, and God Holy Spirit is identified in the theological terminology as the Holy Trinity. Therefore, the Holy Spirit is recognized as the third person of the divine Holy Trinity.

The divine nature and character of the Holy Spirit are the Spirit of God, who happens to be Omnipotence, Omnipresence, and Omniscience. “The Holy Spirit is universal in the fulling of His operations. He possesses all power, and He is

²⁰ William Sailer et al., *Religious and Theological Abstracts*, Vol.8, nos. 3-4 (Myerstown, PA: Religious and Theological Abstracts, 2012), 47-68, <https://ref.ly/logosres/reltheoabstracts?art=art.200524&off=1745&ctx=mptions+biases.+~theory+is+used+i n+pa>.

everywhere.”²¹ Therefore, from the place of eternality until the present earthly time, the Holy Spirit has always been working to create life and interact primarily with humanity.

According to England’s theologian-preacher Charles Haddon Spurgeon, a well-respected orator of his time? Charles Spurgeon once commented in his sermon concerning the Holy Spirit, “There are four works which are the outward and manifest signs of the power of the Spirit: creation works, resurrection works; works of attestation or witness; and works of grace.”²² Earlier within this theological paper, we have already mentioned how the Holy Spirit’s functional interaction with the creation of life.

The Holy Spirit will never force Himself upon anyone to listen to Him or accept Him. But He is always willing to lead, comfort, and teach all humanity the knowledge of truth in the spiritual or physical realm of life. This truth is the only truth because it comes directly out of the mouth of God the Father, who can never lie but always speak truth to His creation now since we have identified the Holy Spirit and listed a few characteristics of the Holy Spirit.

We will move forward into our conversation concerning the Holy Spirit and discuss how the Holy Spirit spiritually and theologically influence and accommodate Christian disciples and individuals who have mental health challenges. Throughout life’s trajectory, there are uncertain moments or long dark seasons when Christian disciples are experiencing struggle meant with their discipleship to Christ or mental depression is occurring within their minds.

²¹ Lester Frank Sumrall, *The Gifts and Ministries of the Holy Spirit* (New Kensington, PA: Whitaker House, 1982), 20.

²² Charles Haddon Spurgeon, *Sermons on the Holy Spirit* (Peabody, MA: Hendrickson Publishers Marking, LLC, 2015), 14.

We need answers to our questions, solutions to resolve our issues, and encouragement to sustain us in life during these situations. The Holy Spirit is our present helper who is willing to work within our lives during the time of life turmoil. The Holy Spirit ministers to all humanity through the preached word of God. “It is the Spirit who convenes a congregation to hear the word of God. And it is the Spirit who opens our hearts and minds to receive God’s self-disclosure anew as the living word.”²³

During this current moment when God’s word is being preached or taught to us immediately, the Holy Spirit starts to work within us by illuminating the word of God to our soul, heart, and mind all at the same time. When spiritual and theological enlightenment is transpiring within us. We receive divine answers to our personal questions and encouragement as Christian disciples to continue living in the spiritual relationship with the Lord Jesus and not give up upon Christ.

Psychologically, the Holy Spirit gives us the mental power that motivates our minds with hope and mental peace of security in places. God cares for us, is concerned about us, and is willing to heal our minds from anxiety, depression, or suicidal thoughts. The Holy Spirit protects us during mental-spiritual warfare against Satan and his forces of evil. For Satan wants us to destroy our own lives, but the Holy Spirit power intervenes and speaks to our minds during the depression the messages of the love of God. Theologically, the Holy Spirit deepens our Christian conviction with doctrinal truths that is Christ, how we need to accept Christ, and why we chose to be a disciple of Christ. Psychologically from a theological perspective, the Holy Spirit reminds us that, “Now to

²³ James A. Forbes, Jr., *The Holy Spirit and Preaching* (Nashville, TN: Abingdon Press, 1989), 19.

him who by the power at work within us is able to accomplish abundantly far more than all we can ask or imagine.”²⁴

He is mentally sharing and reminding us that all things are possible with God, even mental healing through prayer and medication. Simply because the Lord God Almighty is victoriously Lord over all, and as children of God, we can come to Him for help, healing, and assurance during any time in our lives. Finally, though on the Holy Spirit, the Holy Spirit always will be present with humanity until the end of the world. For we know that for a fact is because God promises us in His sacred word that the Holy Spirit will be with us forever. For God, Himself does not alter His word, change His mind, or retrieve any of His promises.

Discipline of Ecclesiology

We will define ecclesiology in this particular theological discipline and discuss the church's role in mental health. And how do the churches deals with individuals who suffer from mental health challenges? But before we answer this particular question concerning the church's management regarding mental health issues, we will first start our conversation by defining ecclesiology. The term ecclesiology can be defined as the study of the nature and mission of the church.

In reviewing the previous question concerning the church's response and management of mental health challenges that specific individuals may suffer from inside and outside the church community. In the local churches where I am currently pastoring historically, there has never had a public conversation among its members or its

²⁴ Ephesians 3:20 (New Revised Standard Version).

neighboring community on the topic of mental health. Furthermore, since these churches have existence, they have never presented any community seminars or workshops on mental health.

Before my pastorate, these churches took the position of being silent. They reframed from having a public conversation with the community due to their stigma on mental health. Taking the quiet place introspectively has created a historical family disconnect where intermediate family members are unaware of their medical history. Since my pastorate, these congregations are open to having a conversation and, most importantly, desiring to know that God has to say biblically and theologically on anxiety, stress, depression, and suicide. In addition, these same church members seek their own personal or family member mental health healing.

In this same project, within the theological introduction portion, we stated another question concerning; How can a pastor or minister theologically inform and attempt to direct individual attention towards the Lord Jesus Christ as they suffer from mental health problems? Theologically, the pastor or minister should first be spiritually attentive to listening to the Holy Spirit's instructions and directions and observing that individual's message's personal behavior and context. Then, theologically during the conversation with the individual, the Holy Spirit can and will notify the pastor or minister to theological windows of opportunity to share the Lord Jesus Christ and direct that individual's attention towards the Lord Jesus' love, grace, peace, and mental healing that Christ has for those suffering in silence. Of course, the individual may not handle or comprehend a theological thesis mentally on the Holy Trinity during this moment. Still,

the pastor or minister may witness to the individual that God loves them and cares deeply about them.

Conclusion

In the conclusion of this theological foundation paper earlier, we ask ourselves the question. Why is it imperative for the church congregation to incorporate Christ into the main conversational focus on spirituality and mental health? The Lord Jesus Christ is the ultimate exegesis of God, everything eternal and cosmos is centered on Christ. The Lord Jesus Christ is the founder and chief Apostle of all Christianity. Any conversation or practical solution that is not Christocentric is destined for failure and not work for humanity.

All born-again believers of Christ cannot live a spiritual life of Christian discipleship without communing with the Lord Jesus Christ and the Holy Spirit. As far as mental health, the reality of truth is that psychologically the cognitive-behavioral has no particular humanly discrepancy regarding who it negatively affects. The answer to psychological challenges is the Lord Jesus Christ, medical treatment, and a constant reminder of positive life. So, how important to have conversations on spirituality and mental health that are Christocentric? We will close our theological discussion with a statement in the words of the Rev. Dr. Gardner C. Taylor, “I have known people of great wealth, but I would rather have Jesus than silver or gold; I’d rather have Jesus than riches untold. I have heard grand auditoriums echo with acclaim from one end of the earth to the other. You name it, New York, Cleveland, Chicago, London, Tokyo, and Miami, but I’d rather have Jesus than people’s applause. I’ve known great people; Malcolm and Martin.

Once, preaching in Old First Church here in Princeton about twenty-five years ago, I spent mornings with Albert Einstein. But, I'd rather hear the gospel of Jesus Christ than all of the wisdom of scientific genius. No matter how famous or obscure the preacher, no matter whether highly educated or prayerfully self-taught, no matter whether male or female, I'd rather hear from him or her riches of the pure and simple gospel than all of the astonishing insights of science. I'd rather have Jesus; I'd rather have Jesus than anything this world affords. I'd rather have Jesus.²⁵ The grace of God, peace of God, and God wants us to live in life.

²⁵ Jared E. Alcántara, *Learning from a Legend: What Gardner C. Taylor Can Teach Us about Preaching* (Eugene, OR: Wipf and Stock Publishers, 2016), 45-46.

INTERDISCIPLINARY FOUNDATIONS

Introduction

In the investigation of this interdisciplinary foundation paper, we will be researching psychology in its theoretical theory of cognitive-behavioral theory. We chose to explore psychology because psychology academically supports and can provide scientific insights to further our understanding of mental health. In addition, we will demonstrate how psychology interacts with our doctoral ministry project theme called “LORD Help Me: concerning my spirituality and mental health.”

However, underneath the umbrella of psychology, we will focus more precisely on mental health's cognitive-behavioral theory. This document will discuss the different founders and clinician developers in the broad aspects of cognitive research in terms of cognitive psychology, cognitive-behavioral theory, cognitive therapy, and social cognitive theory. These researchers provided some brief historical background information regarding the formation of cognitive therapy and social cognitive theory. However, our main primary discussion in this document will center on cognitive-behavioral theory and emphasize anxiety, stress, depression, and suicidal thoughts amongst all ages. We will extend our discussion by examining how these cognitive behaviors intersect with our biblical, historical, and theological foundations.

Secondly, we will answer how our theoretical development in cognitive-behavioral theory impacts the overall doctoral ministry project biblically, historically, and

theologically. Thirdly, when it comes to anxiety, stress, and depression, we want to explore its effects on human life and understand its causes. Finally, we will attempt to answer the question; can anxiety, stress, and depression be managed or eliminated from our minds?

Fourthly, we will investigate suicidal thoughts and suicide. In this investigation, we hope to discover the causes of suicidal thoughts and elaborate on why individuals should not commit suicide. And if an individual is experiencing suicidal thoughts or determined to commit suicide, what are their life options within these situations?

Fifthly, we will elaborate on the community resources available for individuals experiencing mental health problems. Why is it imperative to have local social services as a church and community in our communities? And as a whole community, how can we collaborate and integrate with our social services and become provisional partners of care on mental health illnesses.

Finally, we will conclude our investigation on the specific areas of cognitive-behavioral theory and discuss the insightfulness we have obtained from these various aspects. How do these educational insights interact with or shape our understanding of the project LORD Help Me: concerning my spirituality and mental health from our previous biblical, historical, and foundational theological papers.

Research Founders and Cognitive Theory Development

In 1967, an American psychologist named Ulric Neisser published a book titled: *Cognitive Psychology*; until then, no researcher within the history of psychological research has ever used the term cognitive psychology until Ulric Neisser. Ulric Neisser

was the first researcher and person to use cognitive psychology. The primary focal point of cognitive psychology was to understand how the brain mentally processes information presented from our sensory factors. For instance, cognitive psychology “focuses on topics such as attention, memory, problem-solving, perception, intelligence, decision making, and language processing.”¹ As we move our discussion towards cognitive behavioral therapy and its theory, we should ask ourselves, is there a linking connection or not between cognitive psychologies compared to cognitive-behavioral theory or cognitive theory? First, we will address the research developer and implementation of cognitive-behavioral theory and describe cognitive behavioral therapy. The founding father and medical research developer of cognitive-behavioral therapy were discovered and established during the 1960s through 1970s by an American psychiatrist named Dr. Aaron T. Beck, MD. Unfortunately, Dr. Aaron T. Beck, whose mind was a brilliant medical philanthropist in clinical psychology, and on November 1, 2021, at the age of 100 years old, Dr. Aaron T. Beck passed away. Before his passing, Dr. Beck was a psychiatry professor at the University of Pennsylvania. As an author, he wrote numerous books, and one specific publication he wrote was titled: *Cognitive Therapy of Depression*.

As a clinical researcher, Dr. Beck extensively studied psychopathology and psychotherapeutic. In psychopathology, Dr. Beck's clinical goal was to understand the sufferings of humankind concerning mental disorders and mental behaviors while providing his patients with medical treatment. As the research development in the

¹ Paul Kleinman, *Psych 101 Psychology Facts, Basic, Statistics, Tests, and More* (New York: Simon & Schuster, Inc., 2012), 86.

cognitive-behavioral theory, it “...emphasizes the creative process and person: process, in emphasizing the role of cognitive mechanisms as a basis for creative thought; and person, in considering the individual difference in such mechanisms.”²

It was not until the years 1977 through the 1980s when clinicians like Dr. Aaron T. Beck discovered within his practice of cognitive therapy the need to provide medical treatment for patients as they were experiencing major clinical depression. In cognitive-behavioral therapy, it is “...used to treat disorders like depression, phobias, anxiety, and addiction is a form of psychotherapeutic treatment that focuses on changing negative behavior by altering the influential thoughts and feelings an individual has.”³ However, an American psychologist and professor from Stanford University named Albert Bandura, Ph.D., did extensive research in cognitive-behavioral theory. In this particular area of cognitive research, Dr. Bandura stated that cognitive-behavioral theory was a theory that “...adopts an agentic perspective to self-development, adaptation, and change (Bandura, 2001).”⁴ In this theory, Dr. Bandura addresses the social interaction of humankind with others and how these interactions socially influence one’s behavior and thinking process. Finally, is there a connection between cognitive psychology and cognitive-behavioral theory or cognitive theory? The linking relationship between cognitive psychology and cognitive-behavioral theory or cognitive theory is the mental

² A. Kozbelt, *Theories of Creativity, Encyclopedia of Creativity* (Second Edition, 2011): 3, <https://www.sciencedirect.com/topics/psychology/cognitive-theory>.

³ Paul Kleinman, *Psych 101 Psychology Facts, Basic, Statistics, Tests, and More* (New York: Simon & Schuster, Inc., 2012), 200.

⁴ Albert Bandura, *The evolution of social cognitive theory*, In K.G. Smith & M. A. Hitt (Eds.) *Great Minds in Management* (Oxford, UK: Oxford University Press, 2005), 9-35, www.uky.edu/~eushe2/BanduraPubs/Bandura2005.pdf.

processing application, on just how neurologically our minds process, interrupt and apply information that is understood within our thoughts.

Psychology interacts with our biblical foundation in the scripture passage of 1 Peter 5:6-11. In the Christian believers of 1 Peter, these believers of Christ were physically tormented and psychologically oppressed by local Roman authorities. In this area, we will discuss the psychological ramifications the believers experienced with very high levels of anxiety, stress, and depression caused by oppressional religious practices and personal dispositions towards local Roman authorities. Previously within this document, in the biblical foundation section, we provided a biblical definition of anxiety. At this moment, it is equally imperative that we balance this research document with an academic clinical meaning to the words: anxiety, stress, and depression and then return our discussion on believers' oppression by local Roman authorities.

According to B.E. Pruitt and Jane J. Stein in their publication titled, *Decisions for Healthy Living*, the word anxiety is defined as “A state of apprehension or tension, often accompanied by psychological signs.”⁵ Anxiety comprises generalized anxiety, phobic disorder, and panic disorder. As far as the word stress, according to Daniel L. Schacter, Daniel T. Gilbert, Daniel M. Wegner, and Matthew K. Nock from Harvard University in their publication titled *Psychology* third edition, the word stress is defined as, “The physical and psychological response to internal or external stressors.”⁶ Finally, in our words, depression is a mental and emotional internal state of negative feelings that

⁵ B.E. Pruitt and Jane J. Stein, *Decisions for Healthy Living* (San Francisco, CA: Pearson Education, Inc., 2004), 26.

⁶ Daniel L. Schacter, Daniel T. Gilbert, Daniel M. Wegner, and Matthew K. Nock, *Psychology* Third Edition (New York, NY: Worth Publishers, All rights reserved, 2014), 550.

involves sadness or hopelessness. In depression, it consists of two components differentiated by its minor intensity depression (less intensive) while major depression is (extremely intensive). Since we have provided a clinical academic description of the word's anxiety, stress, and depression, we will now continue our discussion on the impactfulness of cognitive-behavioral theory in the livelihood believers during biblical times.

In the ancient biblical era of 1 Peter 5:6-11, behind the violent actions of these local roman authorities into the spiritual realm. Satan was and is still presently working and inflicting his evil retaliation towards all believers of Christ through the actions of other human beings. So, the question is, how does psychology support and interact with the biblical foundational scripture passage of 1 Peter 5:6-11? Biblical psychology is known as a “scientific representation of the doctrine of Scripture on the psychical constitution of man as it was created, and how this constitution has been affected by sin and redemption.”⁷

Psychology supports the foundational biblical scripture of 1 Peter 5:6-11 by explaining the violent anguish behavior of the roman authorities inflicting pain towards others. And psychological also provides insight into those Christian believers who were victims of physical and mental abuse. As a result, the abusive behavior negatively impacted and scared the mental health of these Christian believers.

Psychology explains the spiritual anxiety these Christian believers encountered from satanic forces of evil exercised through human actions. But psychology also showed

⁷ Lee N. June, Ph.D., Editor, Kathryn Hall, *Yet with A Steady Beat: the Black church through a psychological and Biblical Lens* (Chicago, IL: Moody Publishers, 2008), 46.

us how the Christian believers spiritually and mentally endured those moments of physical and mental abuse while remaining faithful to our Lord Jesus Christ. Psychology supports the biblical foundational scripture passages by providing detail of the spiritual and mental devotion these Christian believers had in their relationship with the Lord Jesus and with each other.

The Christian believers in 1 Peter and today's people have to inspire each other with mental motivational messages. Psychology provides Christian believers with spiritual words of encouragement that give mental hope for a better future in the eternal glory of the Lord Jesus Christ. As Dr. Larry Crabb says in his publication, *Encouragement: The Key to Caring*, he states, "Christians commanded to encourage one another." Words have the power to affect people profoundly. Therefore, it is appropriate to consider how to encourage fellow Christians through what we say."⁸ The Lord Jesus Christ's empowerment helped and gave psychology the cognitive knowledge is to explain to the Christian believers than and us today that the Lord Jesus remains a healer of the mind, body, and soul.

Psychology interacted with the historical foundation of John Wesley and his contributions to the Christian faith. In a brief historical observation, John Wesley, while attending college, studied medicine from various medical practitioners who also published articles on treatment and mental illnesses. The same medical publishers provided John Wesley with a general foundation to understand medicine and mental

⁸ Larry Crabb, and Dan Allender, *Encouragement: The Key to Caring* (Grand Rapids, MI: The Zondervan edition issued by special arrangement with Zondervan Publishing House, 1984), 25.

health. Psychology addresses mental health and its complications in its cognitive-behavioral theory.

Psychology did not enlighten John Wesley's beliefs about mental illnesses for the simple fact in history if an individual of that era was experiencing a mental illness like a seizure. From Wesley's perspective, he viewed cognitive episodes as a demonic experience. To a degree, we can support John Wesley's view on some mental health issues that are demonically possessed. But equally, we should also help with recent scientific discoveries.

However, historical psychology and its practices enlightened modern-day medical practitioners on mental health issues. Today's medical practitioners have distanced themselves and their medical observations away from mental illness as a viewpoint of being a demonic possession that John Wesley and others like him and the writer uphold. When it comes to mental health illnesses and their observations, we have to balance both an individual's spiritual and the medical chemical unbalancing. Finally, psychology supporting the historical foundation had conflicting interaction of two opposing views regarding the demon posse versus chemical unbalancing.

Psychology interacts with the four theological disciplines of practical theology, pastoral theology, pneumatology, and ecclesiology. We will reflect upon these four theological fields and their theoretical interaction with the psychology theory. First, we will engage with practical theology and its interaction with psychology. The concept of practical theology involves science and practice. Psychology interacts with practical theology in the mental application of the method. Psychology attempts to understand the mind's thinking process, while practical theology focuses on the application process of

the mind. So, mental processing is another way psychology and practical theology intersect.

In the intersecting of psychology and pastoral theology, psychology provides solutions on how the mind engages with listening, responding to the words of information present. Pastoral theology emphasizes presenting biblical knowledge to the mind through preaching, teaching, and counseling.

When it comes to biblical preaching and teaching, psychology impacts our interpretation of scriptural passages. Instead, we as a society observe scripture through the lens of its original content, or our perspective psychology plays a comprehensible part in our mental understanding of biblical scripture. In particular, in counseling, psychology provides psychotherapy to the minds of counsel individuals.

Psychologically as the mind is actively engaged by listening and processing presented information through pastoral theology, both psychology and pastoral theology are currently interacting. When it comes to psychology and pneumatology, studies of the Holy Spirit interact together with them. Introspectively our psychological minds have an intraocular cognitive voice that speaks to us through reason and debate. The Holy Spirit also speaks to us introspectively with guidance and instruction through our minds. So, both psychology and the Holy Spirit communicate messages of guidance and reason to our minds.

Finally, psychology interacts with ecclesiology in studying the church and its government. Psychology intersects with the church in providing counseling that demonstrates cares about people and their needs. Through psychology, the church can address individuals' mental and emotional needs within congregations as they are

experiencing hurt, loneliness, guilt, sadness, anxiety, brokenness, or personal insecurities.

As Lawrence J. Crabb, Jr. states, “A loving body gives me a legitimate sense of security as I meditate on the marvelous truth of my oneness with other believers, made possible by Jesus' supreme act of love.”⁹

Theory Interacting with Foundations

Psychology interacts with our biblical foundation in the scripture passage of 1 Peter 5:6-11. In the Christian believers of 1 Peter, these believers of Christ were physically tormented and psychologically oppressed by local Roman authorities. In this area, we will discuss the psychological ramifications the believers experienced with very high levels of anxiety, stress, and depression caused by oppressional religious practices and personal dispositions towards local Roman authorities. Previously within this document, in the biblical foundation section, we provided a biblical definition of anxiety. At this moment, it is equally imperative that we balance this research document with an academic clinical definition to the words: anxiety, stress, and depression and then return our discussion on believers' oppression by local Roman authorities.

⁹ Lawrence J. Crabb Jr., *Effective Biblical Counseling: A Model for Helping Caring Christian Become Capable Counselors* (Grand Rapids, MI: Ministry Resources Library is an imprint of Zondervan Publishing House, 1977), 166.

According to B.E. Pruitt and Jane J. Stein in their publication titled, *Decisions for Healthy Living*, the word anxiety is defined as “A state of apprehension or tension, often accompanied by psychological signs.”¹⁰ Anxiety is composed of three components generalized anxiety, phobic disorder, and panic disorder. As far as the word stress, according to Daniel L. Schacter, Daniel T. Gilbert, Daniel M. Wegner, and Matthew K. Nock from Harvard University in their publication titled *Psychology* third edition, the word stress is defined as, “The physical and psychological response to internal or external stressors.”¹¹ Finally, in our own words, depression is a mental and emotional internal state of negative feelings that involves sadness or hopelessness. In depression, it consists of two components differentiated by its minor intensity depression is (less intensive) while major depression is (extremely intensive). Since we have provided a clinical academic description of the words anxiety, stress, and depression, we will continue our discussion on the impact of cognitive-behavioral theory on the livelihood believers during biblical times.

In the ancient biblical era of 1 Peter 5:6-11, behind the violent actions of these local roman authorities into the spiritual realm.

Psychology Impacts on My Research

Psychology and its impact on the Bible, history, and theology had an overall shaping of this doctoral ministry project, “LORD, Help Me: Concerning My Spirituality

¹⁰ B. E. Pruitt, and Jane J. Stein, *Decisions for Healthy Living* (San Francisco, CA: Pearson Education, Inc., 2004), 26.

¹¹ Daniel L. Schacter, Daniel T. Gilbert, Daniel M. Wegner, and Matthew K. Nock, *Psychology* Third Edition (New York, NY: Worth Publishers All rights reserved, 2014), 550.

and Mental Health.” When considering biblical psychology, it has informed and shaped our thinking “as a therapeutic intervention.”¹² The Holy Scripture is not only the authoritative voice of God, but it also provides us with inner mental healing that can change our minds to believe and think differently about our circumstances.

For instance, if an individual feels lonely, neglected, or abandoned, the scripture passage reminds them, “...I will never leave you or forsake you.”¹³ This scriptural message of Hebrews 13:5; changes a person’s thinking process with assurance and confidence which is the total concept of psychology. Despite general dispositions from the secular society about reframing to use the Bible with psychology, we would argue that the sacred words within the Bible reach the deep inner core of a human being where psychological theories cannot go.

Psychology has a role in our Christian history, especially in this doctoral ministry project. When considering psychology, psychology can be divided into two significant eras of thought ranging from historical psychology compared to modern psychology in human history. Historically, “...older psychology relied much more on the philosophical and theological reflections of Christian thinker and ministers.”¹⁴

As compared to modern psychology, it is deeply rooted and shaped by a progressive push for the sensibilities of secularization in revolution, evolution, and scientific theories. Historically, many respected individuals within Christian history

¹² Mark R. McMinn, Ph.D., *Psychology, Theology, and Spirituality in Christian Counseling* (Carol Stream, IL: Tyndale House Publishers, ProQuest Ebook Central 1996), 94, <https://ebookcentral.proquest.com/lib/dtl/reader.action?docID=5395744&ppg=92>.

¹³ Hebrews 13:5 (New Revised Standard Version).

¹⁴ Eric L. Johnson, *Psychology and Christianity: Five Views* (Westmont, IL: Inter Varsity Press, 2003): 11, <https://ebookcentral.proquest.com/lib/dtl/reader.action?docID=3316538&ppg=10>.

contributed to various profound theological doctrines and subjects. Where inspired by Greek philosophy that addresses the nature of humanity, “quasi-psychological,” and “psycho-spiritual.”¹⁵

The individuals were influenced either in philosophy or psychology on the various theological subjects. This small list of individuals included Saint Augustine, Thomas Aquinas, Martin Luther, John Wesley, and so many others. As time moved forward into the twentieth century, a different group of individuals emerged up within the scientific history study of psychology. And they developed modern psychology; these same individuals had a different plan from previous historical individuals. They progressively pushed for the elimination and removal of conversations about the LORD in His creation and the life of Christianity out of the subject of psychology.

While at the same time, they advocated for a secular scientific worldview of the psychology that was opened and inclusive to all scientific thoughts. “The new psychology promised to offer a better basis for understanding human life and the improvement of humankind-without religion.”¹⁶ Regarding this doctoral ministry project, historical psychology before the twentieth-century era that embraces the LORD has made a sufficient impact on our project.

How has historical psychology impacted our doctoral ministry project? Historical psychology that embraces the LORD is a foundational source of life. It allows conversation on the application of the Christian life, provides this project with more profound enlightenment on human experiences in mental illnesses, and reaffirms that the

¹⁵ Eric L. Johnson, *Psychology and Christianity: Five Views*, 13.

¹⁶ Eric L. Johnson, *Psychology and Christianity: Five Views*, 20.

LORD is a healer of the mind, body, and soul. Historical psychology concerning mental health illness has provided us with an insight that the LORD God cares about us. The LORD has proven that he cares about our spiritual and mental health. And to demonstrate his act of care by placing on earth specific individuals with the ability to medically research and provide us with medical treatment when experiencing a mental illness.

Psychology impacts practical theology, pastoral theology, pneumatology, and ecclesiology. As stated earlier within this paper, Christian theologians were fundamentally influenced by philosophy and psychology. We would argue that practical theology, pastoral theology, pneumatology, ecclesiology, and historical psychology have cohesively worked together and have furthered our theological understanding of cognitive-behavioral theory.

More particularly in cognitive-behavioral theory, psychology has influenced our theological understanding. How has cognitive-behavioral theory influenced our theological understanding? The cognitive-behavioral theory has informed our theological knowledge by sharing how practitioners use clinical psychotherapy with theology. Using clinical psychotherapy in connection with theology helps individuals take a step backward by pausing and causing us to reflect on God theologically.

As we reflect upon God, psychotherapy will continue as our series of theological questions. And as we are thinking theologically and responding to the Theo-poetic questions, it reminds clients of their relationship with God. In addition to reassuring individuals that God is present with us, He is actively helping us in our disorderly painful moments. And during God's divine presence with us, God's maturing care; He brings healing to us as we are suffering in pain. Clinical psychotherapy in connection with

theology inspires individuals about God, their relationship with God, and the provisional care God offers us during our mental health challenges. As Joshua J. Knabb states in their publishing, "Through expressing their pain to God, surrendering to God's protective care, gaining insight by trusting God in the midst of pain, working on accepting emotional distress, and situating their pain in the context of God's loving care, we are helping Christian clients begin to take action as the concluding step within the "theology" pillar."¹⁷

In psychology, the cognitive-behavioral theory has shaped the overall project “LORD, Help Me: concerning my spirituality and mental health” by furthering our intellect on mental health issues. In addition, the cognitive-behavioral theory has shaped this project by providing us with clinical insights and practical applications that we can use incorporate into our ministry skills as we are assisting individuals with mental health issues.

New Insights

The new insights concerning the cognitive-behavioral theory that we have learned about mental health and its disorders have been very insightful. Fundamentally, we have known that various factors can cause mental health and its conditions. For instance, ancestral genetics can be hereditary in mental disorders. “Although genes may increase your vulnerability to brain health/mental health trouble, they can often be modified by

¹⁷ Joshua J. Knabb, Eric L. Johnson, M. Todd Bates, and Timothy A. Sisemore, *Christian Psychotherapy in Context: Theoretical and Empirical Explorations in Faith-Based Mental Health*, Taylor & Francis Group an informa business: 72, <https://www-taylorfrancis-com.dtl.idm.oclc.org/book/christian-psychotherapy-context-joshua-knabb-eric-johnson-todd-bates-timothy-sisemore/10.4324/9781351235143-4?context=ubx&refId=94780dd6-5a38-4200-8164-c33b2e9ac02d>.

smart, targeted interventions.”¹⁸ Genetics has informed us with spiritual and medical insights that will determine the clinical directions and provide medical treatment.

Another insight that we have learned about mental health disorders is that our nutritional factors can cause diseases. According to Ruth Leyse-Wallace, “Atypical depression is a common form of major depression affecting up to forty million Americans.”¹⁹ For instance, we have learned when it comes to cholesterol and our neurological activity, “that loss of cholesterol from membranes could reduce serotonin receptors and be related to suicidal, aggressive, or criminal behavior.”²⁰ Our daily nutritional intake can play a significant role in our mental health. The most common causes that can be scientifically traced are genetic, traumatic, or abusive experiences from life.

However, mental disorders are not limited to scientific tracing and inclusive of evil spiritual forces that inflict illnesses that cannot be medically traced. For instance, Satan, the chief evil spirit's primary goal, is to lure any individual attention but ultimately to take a soul away from the Lord Jesus. Meanwhile, the Holy Spirit tells us, “I can know this God; I can know His heart, rest in His power, and hope in His purposes. I can see it all in Christ. He keeps stirring my heart to say, just give me Jesus!”²¹

¹⁸ Daniel G. Amen, MD, *The End of Mental Illness: how neuroscience is transforming psychiatry and helping prevent or reverse mood and anxiety disorders, ADHD, addictions, PTSD, psychosis, personality disorders, and more* (Carol Stream, IL: Tyndale House Publishers, 2020), 148.

¹⁹ Ruth Elyse-Wallace, *Nutrition and Mental Health* (2013): 97, http://web.b.ebscohost.com.dtl.idm.oclc.org/ehost/ebookviewers/ebook/bmxlYmtfXzUyNzcwNV9fQU41?sid=cce255c3-bcec-4b5e-8596-6ac95fe690b6@pdc-vsessmgr06&vid=0&format=EB&pid=lp_97&rid=0.

²⁰ Ruth Leyse-Wallace, *Nutrition and Mental Health* (2013), 102.

²¹ Lawrence J. Crabb Jr., Ph.D., P.C., *The Pressure's Off* (Colorado Springs, CO: Published by Water Brook Press, 2002), 73.

In the specific areas of mental health, one can find disorders such as anxiety. According to Gregory L. Jantz, Ph.D., anxiety is defined as a “painful or apprehensive uneasiness of the mind usually over an impending or anticipated ill; fearful concern or interest; ...an abnormal or overwhelming sense of apprehension and fear....”²² We learned anxiety itself starts with a single small thought that progresses into a cluster of repetitive thoughts. Once individuals continuously ponder ideas, they will go into a panic attack and no longer slow down their thoughts and relax mentally or physically. Once again, consistent thoughts can be provoked from a past or recent experience in life. But we are also vulnerable to receiving messages to our conscience from the evil spirit of Satan as he whispers his lying messages of doubt, confusion, and malicious statements to our conscience.

When it comes to depression, we learned from the study on the cognitive-behavioral theory that depression is caused by the inner intraocular aspect of the individual. As Dr. Michael D. Yapko, PH.D., states, “...the great secret about depression- it’s a sheep in wolf’s clothing.”²³ As an individual is experiencing consistency, gripping anxiety on their mind, depression begins to form within the individual. As depression starts wear upon an individual psychologically, physiologically, emotionally, and personal desires. When these symptoms begin within an individual, they physiologically may experience zero energy, being emotionally disturbed with sadness, insecurities, or anger. They can experience panic attacks, phobias, or hallucinations.

²² Gregory L. Jantz, Ph.D., Ann McMurray, *Seven Answers for Anxiety* (Peabody, MA: An imprint of Hendrickson Publishing Group, 2016), 11.

²³ Michael D. Yapko, PH.D., *Breaking the Patterns of Depression* (New York, NY: Broadway Books, 1997), xi.

Depression has no discrepancies as far as particular individuals, religious or non-religious. Depression can affect all human life regardless of background, educational level, social-economic status, occupations, position of influence, nationalities, or gender; every human being is acceptable to depression. It's heartbreaking that "many Christians fear being labeled unspiritual if they seek medical help for their depression, yet by doing nothing, they can suffer needlessly. Sometimes medication is needed for some time to level out mountainous swings so that those in the throes of depression can see the truth and walk on level ground." ²⁴

For instance, modern-day college students are experiencing mental depression and suicidal thoughts at an alarming rate, but why are they, and what is causing them to have these mental experiences? We will start with the last questions and work backward to the primary question in response to these two previous questions. In response to the latter questions about what is causing these mental experiences among college students in the twenty-first century, we will begin our investigation introspectively.

Some but not all college students may have a mental hereditary genetic disorder that has been passed scientifically through ancestral genetics from one generation to the current generation. Other internal causes among college students are when they're not receiving spiritual nourishment, emotional support, psychological comfort, personal value, and above all, unconditional love from their parents or guardians. But on the opposite perspective internally, college students are receiving no spiritual nourishment,

²⁴ June Hunt, *Depression: Walking from Darkness into the Dawn* (Peabody, MA: Hope for the Heart Aspire Press is an imprint of Rose Publishing, LLC, 2013), 50.

not feeling self-worth, experiencing neglect from parents, and abuse in all of its forms physically, sexually, mentally, and verbally.

Exteriorly, modern-day college students are experiencing numerous problems beyond their ability to control, and their impacts negatively affect their mental health. These exterior issues are beyond college students' ability to control. The medical pandemic of Covid-19, social-economic status, lack of parental presences, loss of loved ones, no academic resources to accommodate success, peer pressure from community criminal activity, lack of mobility to change environments, and most relevantly, bullying in person or cyber are examples of external issues. These internal and exterior factors probably started the process of anxiety and depression and can lead to suicidal thoughts within modern college students.

Medically what is causing suicidal thoughts amongst modern college students and why? Medically, it is impossible to pinpoint all suicidal thoughts by one medical factor. Still, we have been informed through recent medical, scientific research that genetics, biological chemical unbalancing, not having an adequate amount of sleep, and unhealthy nutrition are some common medical factors that can affect our mental health. In addition, "Many psychiatric issues that affect adolescents are related to difficulties in the family as a whole."²⁵

However, "... schools have mental health professionals, referred to as adjustment counselors or guidance counselors, who are available to work with students with social or

²⁵ Eric P. Hazen, Mark A. Goldstein, Myrna Chandler Goldstein, and Michael S. Jellinek, *Mental Health Disorders in Adolescents: A Guide for Parents, Teachers, and Professionals* (New Brunswick; NJ: Rutgers University Press, 2011), 21-22, <https://www-jstor-org.oclc.org/stable/pdf/j.ctt5hhus9.7.pdf?refreqid=excelsior%3Aa39a6131b207dd3b2866b2eb8f05d90>.

emotional problems. The school counselor can be an extremely useful resource in developing a relationship with your child and helping him or her face challenges as a school.”²⁶ In addition to counselors, “Teachers, coaches, and other school professionals can serve as valuable role models and sources of support and encouragement for teens. Like counselors, they can provide valuable information to psychiatrists trying to figure out the nature of the difficulties that a child is having.”²⁷

Finally, suppose a college student is experiencing mental health issues, and they are within the company of their friends. In that case, we strongly advise the friends of the individual who notices consistent abnormal behavior or verbal or written expression that comments about no one care’s, their life does not matter, or wanting to die, please help out their friend by telling a college counselor, administrator, educator, coach, but most importantly say to their parents, guardian or family members of things you notice about your friend. A true friend that loves and deeply cares about another friend will not keep silent, simply because silence is never the right option or choice to make, so speak up by telling an adult and help save your friend's life.

Suicide in America; “suicide rates increased from 1999 through 2014 for both males and females, and all ages 10-74 and “suicide is an important public health issue involving psychological, biological, and societal factors.”²⁸ When exploring suicide

²⁶ Eric P. Hazen, Mark A. Goldstein, Myrna Chandler Goldstein, and Michael S. Jellinek, *Mental Health Disorders in Adolescent: A Guide for Parents, Teachers, and Professionals*, 22.

²⁷ Eric P. Hazen, Mark A. Goldstein, Myrna Chandler Goldstein, and Michael S. Jellinek, *Mental Health Disorders in Adolescent: A Guide for Parents, Teachers, and Professionals*, 22.

²⁸ Sally C. Curtin, M.A., Margaret Warner, Ph.D., and Holly Hedegaard, M.D., M.S.P.H., *Increase in Suicide in the United States, 1999-2014*, (U.S. Department of Health and Human Services: Centers for Disease Control and Prevention, NCHS Data Brief, no. 241 (April 2016): 1, <https://www.cdc.gov/nchs/products/databriefs/db241.htm>.

amongst the adult population, there are various contributing factors to some adults experiencing suicidal thoughts. For instance, some adults have some external similarities compared to adolescents regarding a hereditary genetic disorder, Covid-19, and the loss of a loved one.

Other contributing factors to mental health issues and suicidal thoughts among adults are divorce from a relationship, economic hardship, being unemployed, career setbacks, disturbing medical reports, and so on. Regardless of the individual's reason, one suicide is far too many. But why should pastors and the church community care or engage themselves with the topic of mental health issues or suicidal prevention?

“Research for over 40 years shows that people with mental illnesses and social problems are more likely to turn to ministers for help than to mental health professionals such as a social worker, psychologist, psychiatrist, or professional counselor.”²⁹ Researchers have also proven that during an individual's professional mental care when pastors or ministers are present, “their leadership provides spiritual and moral guidance, as well as social support, that can be very helpful to people in distress.”³⁰

Conclusion

Today in our society, humanity worldwide, and Christian believers are experiencing mental health issues or suicidal thoughts for different reasons. But why is our society having these types of mental health-related problems? It is hard to pinpoint

²⁹ Cynthia Franklin Ph.D., and Rowena Fong, *The Church Leader's Counseling Resource Book: A Guide to Mental Health and Social Problems* (New York, NY: Oxford University Press, 2011), 5.

³⁰ Cynthia Franklin Ph.D. and Rowena Fong, *The Church Leader's Counseling Resource Book: A Guide to Mental Health and Social Problems*, 5.

whether mental health issues or suicidal thoughts are the reason. But we do know that Satan does exist, and his lies are actual, real lies with no truth. Satan's primary goal is to capture the souls of all humanity.

As far as Christian believers of Christ, Satan will whisper questions to us to question our salvation and our relationship with Christ or whether we are saved because of a few mistakes we have made in life. But the Lord Jesus Christ wants life and happiness for everyone. Therefore, in our relationship with Christ, we can have a life with purpose and meaning and eternal life with Christ through Christ.

When it comes to keeping others from committing suicide, there are safe and natural suggestions. We, as a society, could prevent an individual from committing suicide. The first suggestion we should start with holistic care by investing ourselves in a relationship with the Lord Jesus Christ and praying for one another. The second suggestion is through psychotherapy through talking and redirecting individual attention or conversation away from suicidal expressions. The third suggestion we should have more accessible mental health public education and discussions within our churches and surrounding communities surrounding mental health issues.

Fourthly, daily we should positively express our unconditional love for each other, extend our arms of grace to others, provide a shoulder that cares, and share inspirational quotes. We should listen with the intent to understand each other without interrupting, negatively criticizing, or judging one another despite our differences.

Fifthly, we should follow a licensed physician's professional medical advice and prescription. We acknowledge taking medical prescription pills that are not always the magic solution or answer, but please follow your doctor's medical advice.

As clinical physicians provide medical care for individuals with mental disorders, it is equally imperative that physicians “develop a ‘bio-psycho-socio-spiritual’ model of healthcare.”³¹ If physicians were to provide this style of treatment into their practice, it could offer holistic care and, as a result, bring more comfort to their clients while receiving medical treatment.

³¹ Mary Ellen Coyte, Peter Gilbert, and Vicky Nicholls, eds., *Spirituality, Values and Mental Health: Jewels for the Journey* (London, UK: Jessica Kingsley Publishers, 2007), 171, <https://ebookcentral.proquest.com/lib/dtl/reader.action?docID=350383&ppg=145>.

CHAPTER SIX

PROJECT ANALYSIS

Introduction

Suppose the church congregation and citizens from the community were informed about mental health awareness, educationally trained, and better equipped to assist individuals experiencing mental health crises in our society. In that case, possibly a life can be saved. After observing our global society and specifically the local rural community where numerous individuals are neither educated nor trained on mental health its symptoms of crisis and not aware of direction to pursue assistance from professional mental health services.

In our global society and within this rural town, there is a common medical health issue called the coronavirus, also known as Covid-19 that negatively affects public health. This invisible air-born lethal medical virus has caused various health complications that have affected our global and local medical hospitalizations, economies, lack of food nutrition, none socialization in gatherings, and increasing unemployment among the international and American job market.

The Covid-19 health complications have heavenly suppressed and weighted down on people's mental health, causing anxiety, grief from losing loved ones, depression, and suicidal thoughts. In this case study, I have identified the problem that has occurred among the participants from the adverse mental effects of the coronavirus as well as other

daily life experiences that have impacted the participants' mental health. Three of the participants were experiencing psychological and emotional grief after losing loved ones to the coronavirus.

As a solution to the problem, all participants who participated in this case study were favorable for the local community to have a mental health awareness program to assist all experiencing mental challenges during these times of uncertainty.

Methodology

Hypothesis

The local rural community does not have a mental health awareness training program that provides free education and training to all humankind within and out of the church community. The mental health ministry training program would occur electronically in the State of Texas in the Central Texas region within the Freestone County area, specifically in Wortham, Texas, at a church named Full Faith Primitive Baptist Church.

In this community, there is a need for a mental health awareness project that provides love, support, and professional guidance to individuals within the community who are psychologically suffering in silence from anxiety, depression, and suicidal thoughts. In addition, these same individuals need assistance and advice from a caring community to enhance ministry empathy while guiding individuals to pursue professional mental health treatment and services. This project hypothesis states: "If participants receive educational information on mental health awareness, then they will be able to identify the signs and symptoms related to mental health problems and have knowledge

about ways to address them.” Therefore, I am inspired to create a mental health awareness training program to educate the church community and the general public about mental health.

The mental health awareness training program will occur for six weeks. This training will discuss biblical literature, needed open community conversations, clinical signs and symptoms, and public health services available to the community.

Background of Study

In our global society and local community, mental health has negatively affected and made an impact on all humanity regardless of our social, economic status, educational level from the Philosophy History of Doctorates-Ph.D.’s to no degree, nationality, race, ethnic culture, sexual orientation, religion or spiritual preference, career path, and cross-generational ages. The mental health crisis is a silent, undetected mental pandemic that is cancerous to our daily lives and existence if it is not appropriately managed.

I have seen the international and local news media reports, read different articles, and have had conversations with individuals on how mental health crisis has altered their livelihood or taken people’s lives. I serve as the senior pastor in Texas in the Central Texas region within a small rural town called Wortham, Texas. The church's name where I serve as the pastor is Full Faith Primitive Baptist Church. In this small rural town of Wortham, Texas, the average house income is on a lower-level income.

As far as active church communities, there are eight active churches, and four of these church communities are African American congregations. Finally, two out the four

are African American Primitive Baptist Churches surrounding the town of Wortham, Texas. Unfortunately, in Wortham, Texas, the entire community does not have a mental health training program to provide the public with mental health education in anxiety, depression, and suicidal thoughts.

Problem Statement

Individuals in the community do not have the academic knowledge, resources, and directional guidance in addressing a mental health crisis. Through personal observation and conversation with individuals within this community, I have discovered a needful mental health ministry training program that can be offered to all humanity. Unfortunately, no church congregation or public entity has developed a mental health awareness training program or public conversation concerning mental health. After suffering from the adverse effects of Covid-19 and other humanistic experiences, citizens within the community mentioned a need for mental health training. Therefore, the local church needs a mental health awareness program to have open conversations on mental health while receiving educational resource training to equip citizens for a mental health crisis.

Purpose of Study

The primary focus of this project is to glorify the Lord Jesus Christ by informing and redirecting all humanity back towards the Lord Jesus Christ for our holistic healing. Secondly, provide and develop individuals with academic knowledge on mental health awareness while implementing training skills to all humankind within and outside the

church community. When citizens receive training on mental health, they will be more educationally informed and can identify mental health crisis signs and symptoms.

Thirdly, to train citizens to be equipped to save a life from suicide instead, it's themselves or other individuals by taking the propitiate steps in pursuing medical metal health physicians and social services for therapeutic therapy. And finally, to embrace each other absolutely and celebrate our victory through the Lord Jesus Christ.

Research Designed

The project research design was in the implementation formant of a qualitative case study narrative. In this qualitative narrative case study, the research design was shaped by three different resources beginning with a book title: *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, written by John W. Creswell, Ph.D., Department of Family Medicine, University of Michigan, and J. David Creswell, Ph.D., Department of Psychology, Carnegie Melton University. I selected John Creswell and J. David Creswell because this book provides a thorough research guide in implementing qualitative research. For example, John Creswell stated that the qualitative narrative research, “the researcher studies the lives of individuals and asks one or more individuals to provide stories about their lives.”¹

Two narrative case studies would assist with this project. The first case study was based on anxiety title: *Generalized Anxiety Disorder Case Study* (2017). The authors are

¹ John W. Creswell and J. David Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 5th ed (Los Angeles, CA: Sage, 2018), 13.

Dana Moorer, SPT & Kaelin Hocker, SPT.² Next, the researcher followed another case study on depression that K. L. Bleiberg and Markowitz implemented, *J.C. Interpersonal Psychotherapy for Depression*.³ Another case study was that of D.H. Barlow (Ed.), *Clinical Handbook of Psychological Disorders: A Treatment Manual 4th ed.*⁴ The researcher decided on these two case studies because they guided conducting a mental health case study.

Observation

The participant selection for this project was three individuals in total. One came from the general public who were no non-attending church individuals, followed by two church-attending individuals. The selection process was determined by myself. I sent a thirty-day electronic email flyer to these participants informing them about the research project and a permission consent form for their participation concerning this project see Appendix A. To protect each participant's total being, they are all given numerical numbers. I chose numerical digits to conceal the ultimate protection of identity and confidentiality concerning each participant.

² Dana Moorer, SPT & Kaelin Hocker, SPT, *Generalized Anxiety Disorder Case Study*, 2017, <https://www.physio-pedia.com/Generalized-Anxiety-Disorder-Case-Study>, 2017.

³ K. L. Bleiberg & J. C. Markowitz, *Interpersonal Psychotherapy for Depression* (Washington, DC: Guilford Press, 2008), 306-327.

⁴ D.H. Barlow (Ed.) *Clinical handbook of psychological disorders: a treatment manual 4th ed.* (New York, NY: Guilford Press, 2008), 315-323. <https://www.apa.org/depression-guideline/interpersonal-psychotherapy-adolescent.pdf>.

Implementation

In implementing this project, there were pre and post-survey questionnaires, individual semi-structured interviews, observation, and a series of five educational seminars. These five educational seminars involved two Bible studies that provided the project with the LORD'S perspective on mental health through the biblical teachings. The two separate Bible studies discussed the scriptural passages of James 5:13-18, which talked about prayer. When individuals are experiencing sickness, they are to pursue the LORD in prayer and the church community for spiritual healing. The second Bible study addresses the primary scriptural passage from this project which was 1 Peter 5:6-11. This same scriptural passage addresses how the LORD cares about our mental anxiety, and He is willing to provide our holistic healing. The third educational training discussed counseling the church community could help individuals experiencing mental health challenges through pastoral, Christian, spiritual, and biblical counseling. However, these counseling skills are implemented through a state-licensed counselor. However, the third educational training did encourage the church to participate in partnership ministries that can provide mental health therapists and psychologists.

A final part of the third educational training discusses how the church community needed to eliminate and drop its stigma concerning mental health while having healthy, balanced, and respectful conversations on mental health among the community. The reason for incorporating the third educational training was to provide the church community with cautious and limited advisory skills while encouraging the needful partnership with licensed mental health therapists and psychologists. The fourth implementation was clinical, educational training concerning identifying signs and

symptoms of mental health illness, and a state license psychologist facilitated this class.

In this aspect of the training, I wanted to provide the project and participants with clinical information to help them identify mental crises while instructing the participants on the proper procedural steps to aid others.

The final educational training was to inform the community about public health services available to everyone within the community. In assisting with this project, I invited the National Alliance Mental Illness. This organization is also known as NAMI. A representative of NAMI to discuss the electronic resources available and due to Covid-19 in-person group discussions are not available at this current time. NAMI provides this project with public resources available to the community within their program.

Stakeholders

In the development and growth concerning this project, some stakeholders had a significant impact on the project's trajectory. The first stakeholder is Pastor Jeffery Lang. Pastor Lang is a doctor of ministry student at United Theological Seminary in the Prophetic Preaching and Practice Cohort group. Jeffery Lang serves his community in Michigan as a bi-vocational senior pastor at Southside Church and an English instructor at Lansing Community College, Michigan. Pastor Jeffery Lang provided this project with peer guidance with book resources from various authors concerning mental health. He also thought during the implementation of an instructional lesson in areas the church community developing mental health ministry counseling models. The importance of the church community having open communication concerning mental health and

encouraging community partners with organizations or church communities who already have pre-existing mental health ministry.

The second stakeholder is Reverend Dr. Faith Cole, a recent doctor of ministry graduate from the United Theological Seminary in the Prophetic Preaching and Praxis cohort. During Dr. Cole serves her community in Nebraska as a bi-vocational senior pastor at Restoration Church and works in the county health department in Nebraska. Dr. Cole is my professional association, who provides this project with guidance in terms of project implementation and facilitates the first Bible lesson from the book of James 5:13-18. The third stakeholder is Reverend Dr. Robert Ford, a recent doctor of ministry graduate from the United Theological Seminary in the Prophetic Preaching and Practice cohort. Dr. Ford serves in Royal Missionary Baptist Church, South Carolina. At the Royal Missionary Baptist Church, Dr. Ford is an assistant to the pastor and provides grief and funeral assistance. Dr. Ford is my second professional associate. Dr. Ford provided this project with his counsel concerning electronic resources available through research library websites and informed me to investigate media articles to strengthen the project.

A fourth stakeholder in this project is Dr. Brenda Wall. Dr. Wall has a Ph.D. in Clinical Psychology from George Washington University. Dr. Wall is also a state-licensed psychologist who private practices in Dallas, Texas, and Telemental Health. In addition, Dr. Wall has served as a Pastor of Counseling at Friendship-West Baptist Church, Dallas, Texas. Dr. Wall assisted with this project as my third professional associate. Dr. Wall facilitated an educational lesson in this project by providing a clinician with information and guidance in assisting individuals with mental health challenges.

To strengthen the project, Dr. Wall also encouraged me to research various clinical psychologists who have done extensive research in mental health. Dr. Wall made such a significant impact on this project; simply because without the facilitation of licensed psychologists like Dr. Wall, this project implementation would not be possible to instruct from a scientific clinician perspective and practical academic solutions in assisting a mental health crisis. I selected these expert individuals over myself because these individuals could provide this project with educational insight on mental health. And finally, these individuals were a great team to work with on this project. I thank each person for their assistance and involvement in each area they contributed to.

The final stakeholder is Pastor Jermany Jamal Henry. The Lord Jesus Christ inspired me to create this project for the communities that I served and any future investors in mental health. I am a doctor of ministry student at United Theological Seminary in the Prophetic Preaching and Practice cohort. In addition, I serve my community in Wortham, Texas as a senior pastor at the following church communities, Full Faith Primitive Baptist Church, Rockybranch Primitive Baptist Church, and Union Primitive Baptist Church.

Just tell what you did day by day, hour by hour, share responses from participants. A Mental Health Awareness and educational training occurred electronically through the social media outlet on Mondays only for five consecutive weeks at Full Faith Primitive Baptist Church 501 South 3rd Street Wortham, Texas. Pastor Jermany Jamal Henry is the project host research facilitator who conducted these weekly electronic meetings with participants. Each Monday from the starting time of 6:00 p. m. to 7:00 p. m. closing time,

our opening session would begin with myself conducting an opening prayer with an introductory welcoming to all participants.

During this same instructional hour, as the host facilitator, I would review the Code of Conduct with all participants so that everyone would be informed and in compliance with the Code of Conduct, including myself and the host facilitator. After reviewing the Code of Conduct and reviewing the previous lesson instructional material, the class session was allowed participants to take a five-minute break.

After the conclusion from the five-minute break, members of the class return for the introductory of the guest instructional speaker for our educational seminar, the instructional speaker of the educational seminar would conduct a thirty-minute lesson followed by a fifteen-minute open dialogue among participants with statements, questions, and answers directed among peer associates, host facilitator, and instructional speaker.

In the final ten minutes of the class session, the host facilitator provided participants with a vocal announcement concerning the next upcoming class session, and the host facilitator conducted a closing prayer.

On June 21, 2021, Reverend Dr. Faith Cole was the first guest presenter on mental health from a biblical perspective to pursue the LORD in prayer during mental health crises. Dr. Cole started the presentation by citing the National Alliance on Mental Illness statement on mental health, which states, “A mental illness is a condition that affects a person’s thinking, feeling, behavior, or mood.”⁵ Next, Dr. Cole discussed mental

⁵ National Alliance on Mental Illness, “mental illness,” <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions>.

health illness in the following formats: clinical, hereditary, and generational. Dr. Cole also shared how mental illness affects millions of Americans across our nation.

Dr. Cole presented two biblical passages centered on humanity praying to the LORD, and these passages were James 5:13-18 and 2 Chronicles 7:14. Dr. Cole insisted when humankind is facing a mental challenge, we can go to the LORD in prayer, and the power within prayer can provide us a healing aid through the Holy Spirit. Dr. Cole's final note concerning mental health illnesses was that society needed to be honest with ourselves, accept the reality we need help, and continue to rely on the assistance of the Holy Spirit during the moment of our mental crisis.

On June 21, 2021, the educational goal was to provide participants with the LORD'S viewpoint on mental health and inform humanity that the LORD has given us prayer as an avenue through which; humankind can connect with Him during our mental challenges. During Dr. Cole's instruction presentation, Dr. Cole used the Holy Bible and information from the National Alliance on Mental Health website to instruct the class on basic information about mental health illness in America.

The observation that I observed from the participants during Dr. Cole's presentation was that each person agreed with Dr. Cole by nodding their head. As far as vocal expressions regarding questions or statements to Dr. Cole's presentation, the participants expressed none. In terms of attendance, two participants were present during Dr. Cole's presentation. Unfortunately, the third participant could not attend because the participant had a softball game. In closing on this day, each participant thanked Dr. Cole for the presentation and followed by a closing prayer from the host facilitator.

On June 28, 2021, Pastor Jermany Jamal Henry was the second presenter. Again, Dr. Robert Ford accompanied me to observe the presentation on this particular session. We started this day by briefly reviewing Dr. Cole's presentation, and then I, Pastor Jermany Jamal Henry, presented the biblical passage of 1 Peter 5:6-11 titled "God Cares." This lesson was instructed to discuss and cover two concepts. The first concept is the LORD'S view on how some mental anxiety experiences can be demonically inspired, but GOD still cares for us.

Second, a short ten-minute instructional discussion on the entire community's open communication concerning mental health. In demonstrating through the biblical passage of demonic influences but that GOD cares, I used the gospel narrative of Matthew 15:22. In this particular passage of scripture, a lady's child is demon-possessed, and this parent pursues the Lord Jesus Christ for help. Participant 39 once stated, "I feel better knowing the GOD cares about me, when I am experiencing panic attacks or when my anxiety levels are high, and now I know that I am not alone by myself is encouraging."⁶

When discussing how the church and community should have more conversations on mental health awareness, participant Two once stated, "I would like for the church to talk about mental health more, but when I think about sharing my mental health information, I don't feel comfortable sharing sometimes." In response to this particular participant concern, Dr. Robert Ford stated, "If the church is considering having a conversation on mental health, then it also needs to consider creating a safe space for

⁶ Note: Participant 39.

individuals to share and additionally, to having individuals converse on mental health in smaller groups.”⁷

The educational goal was to extend the LORD’S point of view on mental health through the Holy Bible and biblical passages to demonstrate how the LORD cares about people when experiencing anxiety issues. During the same instructional hour, introduce the participants to the significant importance of needful conversation on mental health awareness within the community. Finally, I discussed how the church and public community had stigmatized mental health.

In the observation, Pastor Jamal Henry observed that all participants were present and engaged during today’s instructional lesson. I am grateful for Dr. Robert Ford's input on the community creating a safe space for a public conversation on mental health. As a result, all the participants were refreshed and received today’s conversation information very well. The participants also expressed how they were excited to experience a church community having an informed conversation on mental health awareness.

On July 5, 2021, the third guest instructional speaker was Pastor Jeffery Lang from Michigan. First, Pastor Lang discussed the church learning and engaging in mental health ministry models of counseling as the church provides mental guidance to the mentally challenged. And secondly, Pastor Lang continues by extending an instruction from June 28, 2021, on ways the church and community can have healthy open communication on mental health.

Pastor Jeffery Lang started instructional teaching by identifying through the Holy Bible scripture passages that supported mental anxiety passages such as Matthew 6:25,34

⁷ Note: Dr. Robert Ford’s presentation.

and Philippians 4:6-7. Pastor Lang did not teach these passages but only shared them to encourage the participants. Pastor Lang's educational focus where on the five types of mental counseling ministry models as guided resource Pastor Lang referred to the professor and author Dr. Lee June, Ph.D., in his book titled: *Yet With A Steady Beat: The*

Black Church Through A Psychological And Biblical Lens.

From this particular resource, Pastor Lang shares the five types of mental counseling ministry models, their definitions, and goals that the church could incorporate into the ministry method under a trained, licensed mental health professional.

Listed below are the five types of mental counseling models and their definition that Pastor Lange discussed, starting with:

- 1.) Pastoral Counseling- “The American Association of Pastoral Counseling (2001) defines pastoral counseling as a unique form of psychotherapy which uses spiritual resources as well as psychological understanding for healing and growth.”⁸
- 2.) Christian Counseling- “Christian counseling is that which is offered by a person trained in the field and who deliberately brings to bear principles of the Christian faith into the counseling process.”⁹

⁸ Lee N. June, Ph.D., *Yet With A Steady Beat: The Black Church Through a Psychological and Biblical Lens* (Chicago, IL: Moody Publishers, 2008), 166.

⁹ Lee N. June, Ph.D., *Yet With A Steady Beat: The Black Church Through a Psychological and Biblical Lens*, 167.

- 3.) Religious Counseling- Emile Durkheim (1976), a sociologist, “defined a religion as a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden.”¹⁰
- 4.) Spiritual Counseling- “The goal of spirituality is the alleviation of mental, emotional, and spiritual distress thought to be at least in part caused by the lack of an appropriate relationship with ultimate reality, most often by and reflected in inappropriate relationships with other people and things.”¹¹
- 5.) Biblical Counseling- According to Clarence Walker's definition of biblical counseling, “that which based on a sound biblical foundation; incorporates both Christian and secular theory where consistent with scripture; and is relevant to the unique ethnic characteristics peculiar to Black people.”¹²

The educational goal that Pastor Lang was to inform the participants that the church community can assist individuals who are experiencing mental health challenges but under the guidance of a trained, licensed mental health professional. Each of these models of mental health counseling can be applied to the church's mission in the community. Simply because the church has the same problems in life as the secular society, the church provides therapeutic ministry through relationships with the community's citizens. These counseling models should be implemented under a trained mental health professional.

¹⁰ Lee N. June, Ph.D., *Yet With A Steady Beat: The Black Church Through a Psychological and Biblical Lens* (Chicago, IL: Moody Publishers, 2008), 167.

¹¹ Lee N. June, Ph.D., *Yet With A Steady Beat: The Black Church Through a Psychological and Biblical Lens*, 168.

¹² Lee N. June, Ph.D., *Yet with a Steady Beat: The Black Church Through a Psychological and Biblical Lens*, 169.

During the instruction observation, the participants were receptive to Pastor Lang's information. Participant Two asked Pastor Lang a question. The participant said, “What is the counseling rate percentage within churches where counseling has helped people?”¹³ Pastor Lang's response where, “Due to confidentiality the percentage of counseling services that have assisted people, that percentage is the unknown cause of confidentiality.”

In July 2021, I needed a licensed psychologist to provide this case study with clinician instruction and guidance on mental health. Specifically, during the week of July 12-16, 2021, the project host facilitator placed the case study on hold. The reason why I had to put the case study on hold was due to the fact the first psychologist I had to assist canceled on me.

The second psychologist I contacted could not assist me because the individual had to assist with a clinical emergency. Finally, the third psychologist I contacted could not help me due to personal medical complications. After getting three different psychologists and being unsuccessful during each attempt, this was the most frustrating aspect of the project.

The Lord Jesus Christ, whom I prayed to, provided me with encouraging words of hope and inspiration through my peers, professional associates, and mentors of the Prophetic Preaching and Practice cohort. On July 16, 2021, Pastor Jermany Jamal Henry contacted Dr. Brenda Wall, and Dr. Wall was able to provide this case study and me with the clinical assistance needed on mental health. On July 19, 2021, I was able to resume

¹³ Note: Participant Two.

the online case study with the assistance of Dr. Brenda Wall from the starting and closing time of 6:00 p. m. to 7:00 p. m.

On July 19, 2021, at 6:00 p. m. our case study had a clinical instructional speaker named Dr. Benda Wall. Dr. Wall's presentation discussed the signs and symptoms and steps to apply during the experience of mental anxiety, stress, grief, depression, and suicidal expressions. Dr. Wall started the presentation by providing the participants and me with an African American historical prospection on mental health. Next, Dr. Wall discussed how, from the time of enslavement in the 19th century, African American slaves experienced a diagnosis called Drapetomania.

Drapetomania was created by a United States doctor named Samuel Cartwright. Its basic definition is when African slaves would attempt to run away by escaping for freedom, and as the slaves were escaping slaves, they were considered madness for pursuing freedom.

From the 19th century until the 1980s, African Americans were not included in mental health research studies. Over decades African Americans have had a distrust of pursuing mental health professionals. Instead, they were doctors, psychologists, psychiatrists, and counselors. Dr. Wall mentioned during the 1980s when African Americans had mental health challenges. They were warehouse by being sent off to mental institutions facilities. Dr. Wall notes how medical scientists discovered how medication could release severe mental illness during this same period. After this discovery, African Americans began to have a window of opportunity of hope with their mental challenges.

Dr. Wall then shifted the presentation by asking the class a question: “What does mental health look like?” Dr. Wall gave some modern illustrations such as the George Floyd case, Coronavirus Covid-19, how people are traumatized from these two as well as how people are experiencing anxiety and depression from not having the necessities and resources of life for example not having enough money, health complications, and so forth.

Dr. Wall went on to say that mental health illness can develop from several things that we as a society have to deal with regularly, such as worry, grief, stress, and bipolar disorder. Dr. Wall stated, “Mental health emerges in an atmosphere where there is a lot of pain, emotional pain, social pain, and if your human, then you’re going to have pain. The filling of giving up, suicide is a reality in our world.”¹⁴

After discussing mental health, Dr. Wall then shifted the presentation to the topic of depression. In this particular portion of the presentation, Dr. Wall identified some causes of depression: untreated chronic abuse, family violence, and substance abuse. Dr. Wall stated, “If you’re human, then you’re going to be depressed, and sometimes it is mild or strong, then you need to get professional help immediately.”¹⁵

After discussing depression, Dr. Wall moved on to discussing the topic of anxiety. The signs and symptoms of anxiety Dr. Wall discussed were that stress can be overwhelming and can cause panic attacks, shortness of breath, heart beating at a fast rate, sense of feeling like you’re going to die or have a heart attack, and blacking out. Dr.

¹⁴ Noted: Dr. Brenda Wall, Presentation on Mental Health Signs and Symptoms.

¹⁵ Noted: Dr. Brenda Wall, Presentation on Mental Health Signs and Symptoms.

Wall shared how these moments can be scary, but they do not last very long. Dr. Wall viewed anxiety as a form of worry that more than it releases a person.

In the final form of identifying mental health challenges, Dr. Wall discussed another form of mental anxiety called Post-Traumatic Stress Disorder (PTSD). Post-Traumatic Stress Disorder can occur from experiencing death up close and personal, rather it was someone being killed or a normal death experience. Prior to the post-traumatic stress disorder experience, trauma has to occur.

Dr. Wall pointed out how African Americans have disproportionately experienced post-traumatic stress disorder by viewing televised news reports, family violence, stress from work, and racial prejudice. Dr. Wall stated that trauma, depression, and anxiety could be severe mental illnesses, but most are mild. Serious mental health affects your feelings, the way you process information, or count on your judgment or thoughts.

In the final portion of Dr. Wall's presentation on mental health signs and symptoms, Dr. Wall also shared some helpful steps towards mental health healing that we can apply if we are or someone else we know is experiencing a mental health illness. Dr. Wall stated the first step for a person does is, "You got to decide to reclaim your mental health. You cannot just go along to get along. You have to make the decision I was not always like this, and I'm not gone always stay like this, I'm going to become balanced, whole, and healthy."¹⁶

The second step towards mental health healing Dr. Wall stated was, "Find out why you are feeling this way, and ask enough questions from your primary doctor."¹⁷

¹⁶ Noted: Dr. Brenda Wall, Presentation on Mental Health Signs and Symptoms.

¹⁷ Noted: Dr. Brenda Wall, Presentation on Mental Health Signs and Symptoms.

Also shared with the class that when people are worried, experiencing confusion, sadness, they need to get help immediately from professional mental health services. Dr. Wall discusses how taking medication can help pursue confidential mental health online services, mental health hotlines, AA Group therapy, pastoral counseling, being a part of a chat or social groups, medical clinics, counselors, and teachers in assisting with our youth at school. These are some of the societies' resource avenues when experiencing mental health challenges.

The third step towards mental health healing Dr. Wall stated was, “You don’t stop getting help until God has brought you all the way through.” During this step, Dr. Wall incorporated an illustration from the Bible using Job's biblical character. And this biblical character Job did not give up when he was unhealthy, even when his friends told him that his situation was his fault.

Dr. Wall stated that “Job kept going on with the LORD until he came out on the other side, and when he prayed for his friends, he came out on the other side, the balance was there and his life was whole. We are going to come out on the other side because our God is stronger than Covid-19”¹⁸ Dr. Wall went on to say that the LORD has given us some instructions to do that written within the Word of God. Dr. Wall stated that “God, Jesus, and the Holy Spirit have given us work to do we don’t have to stay depressed, and confused.”¹⁹ Dr. Wall also cited Dr. Martin Luther King, Jr., when he stated, “The belief that God will do everything for man is as untenable as the belief that man can do

¹⁸ Noted: Dr. Brenda Wall, Presentation on Mental Health Signs and Symptoms.

¹⁹ Noted: Dr. Brenda Wall, Presentation on Mental Health Signs and Symptoms.

everything for himself. It, too, is based on a lack of faith. We must learn that to expect God to do everything while we do nothing is not faith but superstition.”²⁰

The educational goal was to inform participants about signs, symptoms, and necessary steps when experiencing mental health challenges. All of the areas were accomplished by Dr. Brenda Wall. Dr. Wall also provided the class with additional insightful historical information regarding African American mental health.

During the presentation, participants were observed by Dr. Wall. Participants were mentally engaged by nodding their heads, making statements, and asking Dr. Wall questions. Participant thirty-nine once told Dr. Wall, “You have given me hope.”²¹ Participant two asked a question, “What is the best way to deal with stress?”²² Dr. Wall's response to this question was, “Find out where the stress is coming from; places like your job, home, and so forth. Stress like grief can be transformative. First, find out what is causing it. Then find out if you can do something about it. Sometimes we cannot do anything about it, so we must endure. Work towards going to sleep and staying away from alcohol and drugs. Do something to disrupt your stress and be honest with yourself.”²³

From July 22, 2021, through July 24, 2021, Pastor Jermany Jamal Henry, the host facilitator, conducted an online prayer and an individual one-on-one interview session with each participant that lasted for thirty-five minutes see (Appendix D) for interview

²⁰ Dr. Martin Luther King, Jr., *Quotable Quote*, <https://www.goodreads.com/quotes/816269-the-belief-that-god-will-do-everything-for-man-is>.

²¹ Noted: Participant 39.

²² Noted: Participant 02.

²³ Dr. Brenda Wall, Response to a Mental Health Question.

questions. The host facilitator, Dr. Brenda Wall, who served as an interviewer guide, instructed me in the first interview session. After each interview session with participants, the host facilitator vocally communicated expressional words of appreciation and thanks to each participant for allowing me to interview them. Finally, we closed the session with a prayer conducted by Pastor Jermany Jamal Henry, the host facilitator.

The interviewing process had several goals; the first goal was to notarize the lack of community conversation and public services on mental health awareness by reiterating the need for a mental health ministry program.

Secondly, observing participants and seeing if any common internal or external causes had affected an individual's mental health. And if the participant is experiencing mental challenges, what do participants enjoy doing during the moments of high anxiety levels. Are the participants aware of the help they can receive from professional mental health services within the community? Finally, there was an attempt to discover any negative or positive spiritual connections to the impact of participants' mental health.

The final day of the project, July 26, 2021, was a wrap-up day. Again, the class met online through the same social media outlet, and all participants were present. On this day, we had a representative from the National Alliance on Mental Illness (NAMI) present a presentation from the NAMI website. The presentation discusses NAMI history, national statistical data on mental health illnesses. In addition, when implementing assistance to the community, this same organization facilitated its mental health conversation from peer-to-peer sessions.

And finally, the representative shared information on how NAMI opens its doors to all faith groups and persons of life who are interested in mental health or are

experiencing mental health challenges. The only goals on this day were to inform the participants about a free community resource that is confidential and available to the community. And secondly, Pastor Jermaine Jamal Henry vocally communicated his most profound words of appreciation and thankfulness to all the participants for their time, energy, and involvement in this case study research.

Summary of Learning

In my summary of learning, I will first discuss my weakness and strengths of the project titled: “LORD Help Me: Concerning My Spirituality and Mental Health.”

Secondly, I will discuss my biblical discovery on mental health, and finally, I will discuss whom our mental victory celebration relies on. To begin the weakness, I experienced within this project was not having a secondary licensed mental health professional on board just in case something happens to the primary professional source.

As I stated earlier in this document, not having a stand-by licensed mental health professional caused some project delays and internal frustration within myself. I overcame the delays and frustration through the Lord Jesus Christ by sending and receiving encouraging words from peer and professional associates and faculty mentors in the cohort Prophet Preaching and Praxis. If I had to redo this same project, I would have contacted more than one licensed mental health professional to provide the project their services.

The strength I had within this project was incorporating the Lord Jesus Christ throughout the entire project and sharing mental health awareness within the community. The biblical discovery I discovered and learned throughout this project titled: “LORD

Help Me: Concerning My Spirituality and Mental Health” was the relationship between mental health and the Holy Bible beginning at the book of Genesis through Revelation. In the Holy Bible, every chapter, story, character, and scriptural verse by verse mental health is woven throughout the entire Old and New Testaments of the Bible.

For instance, in the Old Testament, a mental health presence occurred in the book of Genesis from chapters thirty-eight through fifty the traumatic life experiences of the character Joseph. Joseph's mental trauma from being rejected by his brothers, sold into slavery, abused as a slave, and falsely accused of a crime he did not commit. As a result, unjustly thrown into prison, these situations weighed down and oppressed Joseph's mental health.

The second illustration of the mental health presence experience in the New Testament in Luke 13:10-12 in this passage is that a lady was spiritually bound with a demonic spirit for eighteen years. Mentally, this particular lady was traumatically terrorized day and night by evil spirits tormenting her. As a result, she could not be spiritually, psychologically, and humanistically break away freely until she had an encounter with the Lord Jesus. The latter freed and made her holistically well.

In my final illustration, the central character that the entire Bible is written around in both Old and New Testaments is our Lord Jesus Christ, who was one hundred percent divine and one hundred percent human. I am not dethroning or devaluing the divinity or Lordship of Lord Jesus Christ in any perspective but in terms of Jesus' ability to identify and relate to all humankind's mental experiences. Psychologically speaking, when Jesus visited Mary and Martha, the sisters of Lazarus, at Lazarus's death, according to the scripture in the Gospel of John 11:35, “Jesus wept.” During this death experience,

Jesus is grieving. Grief itself affects our mental health in terms of causing internal anxiety.

In the synoptic gospels, Jesus was betrayed by Judas for the exchange of money and a kiss. Before the betrayal of Jesus occurred, particularly in the Gospel of John 13, in the entire chapter, Jesus spiritually and mentally experienced a negative discomfort within himself. As Jesus goes into the Garden of Gethsemane to pray, and while Jesus is praying, the mental suppression and agony of anxiety, stress strongly weighs down on his mind as sweats drops of blood from his forehead. During this mental agony, Jesus asked the Heavenly Father to allow this cup to pass from him, not as his will but as the Heavenly Father's will.

After Jesus was arrested, lied on, tried before unjust judges, denied by Apostle Peter, and finally physically slaughtered by the Roman leather whip called cat o' nine tails. The name for cat o' nine tails in other languages, for example, in Latin, is called flagrum, but in the English flagellum, this same whip had razor-sharp metal hooks that pull away chunks of skin away from Jesus' body. The researcher would like to add that "the soldiers pressed a crown of thorns down into the skin of Christ's head, and that elevated his mental trauma."

Jesus mentally experienced psychological and physiological agonizing, traumatizing, and depression bouts in these individual entities. Finally, Jesus mentally experienced all levels of mental agony, anxiety, stress, depression, trauma, and excruciating pain, all combined at its ultra-supreme pinnacle when Jesus was nailed while hanging upon the Cross of Calvary. Three days later, after the crucifixion of Jesus, Resurrection Sunday occurs to our Lord Jesus Christ.

After observing through the lens of the Holy Bible, Jesus's mental health, and all other recorded examples that are deeply connected and rooted within the Bible, I have learned that the Lord Jesus Christ is our perfect atonement for all sins, considering our humanistic mental experiences. Therefore, the Lord Jesus is our perfect physician who's able to identify with and intercede all concerning our mental health experiences. And because of the Lord Jesus triumphant victory over all powers and conditions, the Holy Spirit, and the written Word of God, this provides all humankind with love, hope, mental healing, complete wellness, and victory celebration over our humanistic and cognitive health experiences.

Conclusion

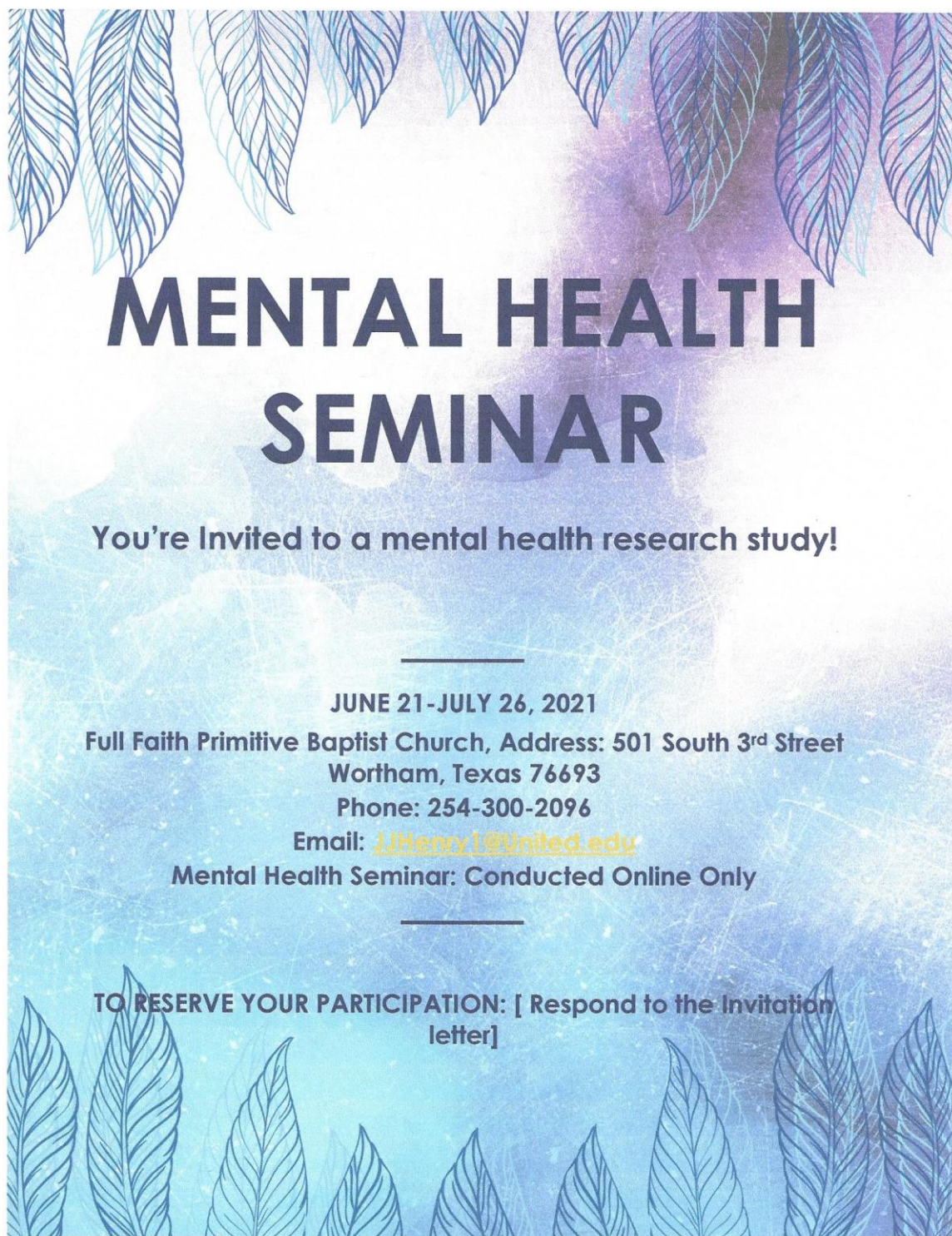
In the conclusion of this project titled: LORD Help Me: Concerning My Spirituality and Mental Health, mental health is a serious reality that is affected all humankind across America and our global societies. This project has attempted to share mental health awareness and provide helpful resources available to all humankind. Consistently together as humankind with our faith in the Lord Jesus Christ, healthier open public communications, scientific medical research and treatment, and pursuing professional mental health services. We can provide hope, healing and save the lives of others within our local communities, nation, and international societies experiencing mental health challenges.

“A mental health ministry is a ministry that is well balanced and inclusive of all psychological challenges while being well diverse in its educational understanding and practical applicational approach as it proves empathy of Christ, accommodates spiritual

care, and medical treatment to an individual mental anxiety, depression, and suicidal thoughts.”-These are the words from the researcher, Germany Jamal Henry

APPENDIX A
MENTAL HEALTH FLYER

MENTAL HEALTH FLYER



APPENDIX B

MENTAL HEALTH AWARENESS INVITATION LETTER AND CODE OF CONDUCT

MENTAL HEALTH AWARENESS INVITATION LETTER AND CODE OF CONDUCT

Researcher: Jermany Jamal Henry
Contact Information: Jermany Henry
Phone: 254-300-2096
Email: JJHenry1@United.edu
Date: April 6, 2021

Attention: To whom it may concern

I am Jermany Henry, a Doctor of Ministry student at United Theological Seminary in Dayton, Ohio. I will be conducting a research case study on mental health awareness. Mental health is a very serious and needful topic that needs to be researched and discussed among our growing nation and global society. Many individuals have questions about or experienced something in relation to mental health. These same individuals are searching for answers. I would like to invite you to participate in my research case study on mental health awareness. As a volunteer participant, you can freely withdraw yourself from this case study at any moment without being penalized at no cost.

The mental health case study will be conducive to a pre-test and post-test survey questionnaire, in-person or virtual educational seminar for 30-45 minutes, one-on-one interview with the researcher, and followed by a question-and-answer session among peers. All information you wish to share in this research project will be confidential. No personal identification or personal information of any kind will be displayed and not shared with social media or the public. Names of persons who participate **will not be** discussed during this project. All participants will always follow confidentiality and the code of conduct (respect and refrain from being judgmental). If you agree to these terms and conditions and would like to support this case study by participating in this research on mental health awareness, the mental health research project will take place during June 21-July 26, 2021. The case study will be a six-week case study recurring each Monday. You will have to submit your participation responses 30 days before this project's date. You can submit your responses by electronically returning this document through email to me through the information. Thank you for your time, attention, and response to this letter.

Code of Conduct:

In this presentation, I plan to deal with serious situations, and I will have everyone pledge and sign a confidentiality agreement. Participants above will sign an agreement not to speak or share any information. Any person for any reason who violates the code of conduct will be immediately dismissed electronically and will not be allowed to continue to participate in the study. My code of conduct in this study is that I pledge to not share any names or any information with anyone. I will continue to follow this code of conduct even after completing the study.

Researcher Signature: Jermany Jamal Henry Date: April 6, 2021
Participant's Signature: _____ Date: _____

APPENDIX C

MENTAL HEALTH PROJECT CALENDAR

MENTAL HEALTH PROJECT CALENDAR

<p>Electronically class meetings will begin with only adults 18 years and older. Meetings occur via social media, class days on Mondays, each class session review code of conduct with participants, class session instructional time 6:00 p. m. to 7:00 p. m. In addition, on June 9-14, 2021, electronically email pre-survey questionnaires to each case study participant.</p>		
June 21, 2021 <ul style="list-style-type: none"> Presenter: Rev. Dr. Faith Cole 	Instructional Presentation	Goal
	<ul style="list-style-type: none"> Mental Health Awareness Biblical Seminar passage James 5:13-18 	<ul style="list-style-type: none"> Provide biblical teaching on mental health from the perspective of GOD Question and Answer
June 28, 2021 <ul style="list-style-type: none"> Presenter: Pastor Jermany Jamal Henry Case Study Host Facilitator 	Instructional Presentation	Goal
	<ul style="list-style-type: none"> Biblical Seminar passage 1 Peter 5:6-11 Present on developing open public communication on mental health that allows balance and safe spaces to be implemented 	<ul style="list-style-type: none"> Provide an extended biblical teaching Introduce healthy open communication on mental health Question and Answer
July 5, 2021 <ul style="list-style-type: none"> Presenter: Pastor Jeffery Lang 	Instructional Presentation	Goal
	<ul style="list-style-type: none"> Present mental health ministry counseling methods the church could adapt into its ministry under the guidance of a trained mental health professional 	<ul style="list-style-type: none"> To inform participants about some of the ways they can provide assistance to individuals with mental health challenges Question and Answer
July 12-16, 2021 Case Study on Hold	Instructional Presentation	Goal
	No Class Session	No Goal

July 19, 2021 <ul style="list-style-type: none"> • Presenter: Dr. Brenda Wall (Licensed Psychologist) 	Instructional Presentation	Goal
	<ul style="list-style-type: none"> • Present ways to identify signs, symptoms, and appropriate steps to take for mental health challenges 	<ul style="list-style-type: none"> • The goal was to inform participants on how to identify the signs and symptoms of mental health challenges • Question and Answer
July 21-24, 2021 Host Facilitator: Jermany Jamal Henry	<ul style="list-style-type: none"> • Electronic Interviews one-on-one with each participant 	<ul style="list-style-type: none"> • The goal was to observe for any similar causes to mental health among participants
July 26, 2021 <ul style="list-style-type: none"> • Final Day • Wrap Up Session • Host facilitator Jermany Jamal Henry expresses words of Gratitude and Thankfulness to all participants 	Instructional Presentation	
	<ul style="list-style-type: none"> • A representative from National Alliance on Mental Illness (NAMI) shared an electronic presentation from the NAMI website informing participants about public resources. • Allow participants to present statements and ask questions concerning the entire project and today's information • After the NAMI presentation, electronically emailed and collected post-survey questionnaires from all participants 	

APPENDIX D

MENTAL HEALTH INTERVIEW QUESTIONS

MENTAL HEALTH INTERVIEW QUESTIONS

1. In the community, how often is the topic of mental health awareness is mentioned and publicly discussed in your community?
2. Considering (church or spiritual place of service), does the spiritual community have a mental health program?
3. Does the community provide mental health services that are offered and available to the entire public?
4. Are you open to the idea of having a mental health program that helps serve the mental health needs of the community?
5. Have you ever experienced anxiety? If so, how often?
6. Most recently, can you tell me something that may have caused some anxiety?
7. How does anxiety or stress make you feel?
8. When you are experiencing anxiety, what are some things you enjoy doing to help yourself in those moments?
9. As a person, has Covid-19 affected your mental health? If so, how has it impacted you?
10. Do you pray, and how often do you pray?
11. Are you a book reader? If so, what type of books do you enjoy reading?
12. When considering the Bible, their many characters in Bible. For example, the biblical character Christ has several healing stories, so when hearing about Christ, do you perceive Christ as someone who would bring healing to mental health?
13. In your own words, describe some ways you think Christ could help a person with mental health challenges?
14. In the Bible, there is a character called the devil. Are you aware of his existence?

15. Life can be challenging and difficult at times for all of us when stress levels are high. Sometimes do you feel like some stresses are caused by an external spiritual force?

APPENDIX E
PRE-SURVEY QUESTIONNAIRE

PRE-SURVEY QUESTIONNAIRE

1. What does mental health mean to you?
2. Have you ever wondered; what God has to say about mental health?
3. Mentally, do you sometimes feel fatigued, pressured, overwhelmed, or anxious?
4. If you or a friend has a mental crisis, are you willing to get yourself or them some professional mental health help? If so, then how?

APPENDIX F
POST-SURVEY QUESTIONNAIRE

POST-SURVEY QUESTIONNAIRE

1. After taking this class on mental health, what does mental health mean?
2. Have this class enlightened or helped your understanding of mental health or not, and if so, how?
3. If you or someone you knew were having mental health challenges, how likely are you to get professional help for yourself or them?
4. In the future, would you be willing to have in your community more public conversations, seminars, and workshops on mental health? If so, why?
5. Was there anything about this class on mental health that you dislike or would change about the class?

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